

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 844992

1. Entity Name
SUITT CONSTRUCTION CO., INC.



Principal Place of Business

**201 E. MCBEE AVE,
SUITE 300
GREENVILLE, SC 29601**

Mailing Address

**201 E. MCBEE AVE,
SUITE 300
GREENVILLE, SC 29601**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0509435

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

C T Corporation System

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 14, 2003

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PIERCE, DOROTHY
201 E. MCBEE AVE., SUITE 300
GREENVILLE, SC 29601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CRONIN, JOHN
201 E. MCBEE AVE., SUITE 300
GREENVILLE, SC 29601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MCREYNOLDS, TONYA
201 E. MCBEE AVE., SUITE 300
GREENVILLE, SC 29601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
WARREN, D.
201 E. MCBEE AVE., SUITE 300
GREENVILLE, SC 29601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000007284
01/20/04-80017-010 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CT Corporation System

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04 864-250-5000

DATE

Daytime Phone #