

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90016 008 ***150.00

DOCUMENT # 853292

1. Entity Name
ALABAMA SUCO, INC.



Principal Place of Business
**104 SOUTH MAIN STREET
ENTERPRISE, AL 36330-2543 US**

Mailing Address
**P.O. BOX 311424
ENTERPRISE, AL 36330 US**

20000493



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0837529

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, T. E.
13220 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32407**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, T.E.
STREET ADDRESS	104 S. MAIN ST.
CITY-ST-ZIP	ENTERPRISE, AL
TITLE	ST
NAME	LEE, WILLIAM DAL
STREET ADDRESS	13220 PANAMA CITY BCH PKWY
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/05 (850)234-0032
Date Daytime Phone #