


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90058 030 ***150.00

DOCUMENT # F02000004889	
1. Entity Name S U UNLIMITED, INC.	

Principal Place of Business 4487 SUMMERHAVEN BLVD S JACKSONVILLE FL 32258	Mailing Address 4487 SUMMERHAVEN BLVD S JACKSONVILLE FL 32258
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2. Principal Place of Business <i>4487 Summerhaven Blvd S</i>	3. Mailing Address <i>4487 Summerhaven Blvd S</i>
Suite, Apt. #, etc. <i>100</i>	Suite, Apt. #, etc. <i>100</i>

City & State <i>Jacksonville FL</i>	City & State <i>Gulfport MS</i>
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Zip <i>32258</i>	Country <i>USA</i>	Zip <i>39503</i>	Country <i>USA</i>
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1st MOORE CR2E034 (10/04)

4. FEI Number 94-3425108	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARVEY, JESSICA D 4487 SUMMERHAVEN BLVD S JACKSONVILLE FL 32258	
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7. Name and Address of New Registered Agent Name <i>Jessica Harvey</i> Same Street Address (P.O. Box Number is Not Acceptable) <i>4487 Summerhaven Blvd S</i> City <i>Jacksonville</i> Zip Code <i>32258</i>	
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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 *Jessica Harvey* (NOTE: Registered Agent signature required when reinstating) DATE *2/1/05*

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HARVEY, JESSICA D 4487 SUMMERHAVEN BLVD S JACKSONVILLE FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jessica Harvey* DATE *2/1/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR