


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State


04-25-2006 90101 028 ***150.00

DOCUMENT # G11656 1. Entity Name SUZ INVESTMENT CORPORATION	
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Principal Place of Business 6700 S FLORIDA AVE SUITE #1 LAKELAND, FL 33813 US	Mailing Address P. O. BOX 7220 LAKELAND, FL 33807 US
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DO NOT WRITE IN THIS SPACE

400617



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2238644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLSWORTH, S.M.
6700 S. FLORIDA AVE.
STE 1
LAKELAND, FL 33813**

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ELLSWORTH, S.M. 6700 S FLORIDA AVE #1 LAKELAND, FL 33813
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *S.M. Ellsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____