


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # H52245					
1. Entity Name SUDDUTH, INC.					
Principal Place of Business 215 HAMILTON AVENUE SAFETY HARBOR FL 34695 US			Mailing Address 215 HAMILTON AVENUE SAFETY HARBOR FL 34695 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2646645	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUDDUTH, PAULETTE B 215 HAMILTON AVENUE SAFETY HARBOR FL 34695			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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 \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUDDUTH, PAULETTE BROWN		NAME		
STREET ADDRESS	215 HAMILTON AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SAFETY HARBOR FL		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIDEMEYER, CARLETON L.		NAME		
STREET ADDRESS	501 S. FT. HARRISON		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2646645**

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

**SUDDUTH, PAULETTE B
215 HAMILTON AVENUE
SAFETY HARBOR FL 34695**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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215 HAMILTON AVENUE
SAFETY HARBOR FL

☐ Delete

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CITY- ST- ZIP

U00000282420
03/31/05-80040-023 150.00

☐ Change ☐ Addition

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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: *Paulette B. Sudduth* **Paulette B. Sudduth** 1/28/05 796-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #