


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J10040 1. Entity Name OH SUZANNAH, INCORPORATED		
Principal Place of Business 686 HWY 90 WEST DEFUNIAK SPRINGS, FL 32433 US	Mailing Address 686 HWY 90 WEST DEFUNIAK SPRINGS, FL 32433 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAMEY, E. ALLAN #1 CIRCLE DR. DEFUNIAK SPRINGS, FL 32433		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HARVELL, SUSAN 1581 WALTON RD DEFUNIAK SPRINGS, FL 32433	
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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: <u>Susan Harvell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8-30-06</u> <u>850 892-3400</u> <small>Date Daytime Phone #</small>



08302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2676768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000575785
08/31/06-80004-015 550.00

U000000575785
08/31/06-80004-016 8.75

**DO NOT WRITE
IN THIS SPACE**