


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J79731</b>	
1. Entity Name <b>SUWANNEE CORPORATION</b>	

Principal Place of Business <b>16408 SE 19 HIGHWAY CROSS CITY, FL 32628</b>	Mailing Address <b>P.O. BOX 790 CROSS CITY, FL 32628</b>
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01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2871655</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MCKINNEY, CAROL W 16408 SE 19 HIGHWAY CROSS CITY, FL 32628</b>
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**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, CAROL M P.O BOX 332 (222 SE 240 ST) SUWANNEE, FL 32692
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKINNEY, NORRIS F P.O. BOX 920 CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COATES, CANDY MCKINNE 11134 PENNEWAW TRACE TALLAHASSEE, FL 32317
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01/08/08-800004-021 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Carol M West Carol M West, President 1/3/08 (352) 498-5572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #