

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J79731

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: SUWANNEE CORPORATION

**Current Principal Place of Business:**

16408 SE 19 HIGHWAY  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 790  
CROSS CITY, FL 32628

**New Mailing Address:**

FEI Number: 59-2871655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKINNEY, CAROL W  
16408 SE 19 HIGHWAY  
CROSS CITY, FL 32628 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEST, CAROL M  
Address: P.O BOX 332 (222 SE 240 ST)  
City-St-Zip: SUWANNEE, FL 32692

Title: ST ( ) Delete  
Name: MCKINNEY, NORRIS F  
Address: P.O. BOX 920  
City-St-Zip: CROSS CITY, FL 32628

Title: DV ( ) Delete  
Name: COATES, CANDY MCKINNE  
Address: 11134 PENNEWAW TRACE  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M. WEST

P

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date