

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90155 008 \*\*\*150.00

**DOCUMENT # K57829**

1. Entity Name

SUE'S WRANGLER, INC.



Principal Place of Business

2185 KEYSTONE AVE  
MELBOURNE FL 32904

Mailing Address

2185 KEYSTONE AVE  
MELBOURNE FL 32904



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

786 N. Apollo Blvd.

Suite, Apt. #, etc.

2185 Keystone Ave.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

US

Zip

32904

Country

US

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2937594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTHCUTT, WILLIAM  
2194 HW A1A  
STE 306  
INDIAN HARBOUR BCH FL 32937

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

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

(NOTE: Registered Agent signature required when re-certifying)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CLENDENIN, SUE A.  
STREET ADDRESS 2185 KEYSTONE AVE.  
CITY-ST-ZIP MELBOURNE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sue A. Clendenin* Sue A. Clendenin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone