


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 015 ****61.25

DOCUMENT # N06000004458 1. Entity Name SUGGIE RESCUE RESOURCES INC																																																																																																															
Principal Place of Business 6222 HEREFORD DR. LAKELAND, FL 33810		Mailing Address 6222 HEREFORD DR. LAKELAND, FL 33810																																																																																																													
2. Principal Place of Business - No P.O. Box # 3480 Maebert Rd		3. Mailing Address 3480 Maebert Road																																																																																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																													
City & State Mims FL		City & State Mims, FL																																																																																																													
Zip 32754		Zip 32754																																																																																																													
Country Brevard		Country Brevard																																																																																																													
4. FEI Number 20-5417142		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 TUCKER, ANITA 3480 MAEBERT RD. MIMS, FL 32754		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 <u>Anita R Tucker</u> 30 Mar 07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
Make check payable to Florida Department of State																																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>BURTON, CYNTHIA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>6222 HEREFORD DR. LAKELAND, FL 33810</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>BARNES, PATRICIA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>6222 HEREFORD DR. LAKELAND, FL 33810</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>TUCKER, ANITA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>3480 MAEBERT RD. MIMS, FL 32754</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>BURTON, CARL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>116 ROWE RD AURORA, NC 27806</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	D	NAME	<input type="checkbox"/> Delete	STREET ADDRESS		BURTON, CYNTHIA		CITY-ST-ZIP		6222 HEREFORD DR. LAKELAND, FL 33810		TITLE	D	NAME	<input type="checkbox"/> Delete	STREET ADDRESS		BARNES, PATRICIA		CITY-ST-ZIP		6222 HEREFORD DR. LAKELAND, FL 33810		TITLE	D	NAME	<input type="checkbox"/> Delete	STREET ADDRESS		TUCKER, ANITA		CITY-ST-ZIP		3480 MAEBERT RD. MIMS, FL 32754		TITLE	D	NAME	<input type="checkbox"/> Delete	STREET ADDRESS		BURTON, CARL		CITY-ST-ZIP		116 ROWE RD AURORA, NC 27806		TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS				CITY-ST-ZIP				TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP				TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP				TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP				TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP			
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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 617, 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>Anita R Tucker</u> 30 Mar 07 321-258-8270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																															