

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000107863
 1. Entity Name
 SUSAN OF PALM BEACH INC.

Principal Place of Business 3344 PALOMINO DR LAKE WORTH, FL 33462	Mailing Address 3344 PALOMINO DR LAKE WORTH, FL 33462
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1062309	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
 LEGG, SUSAN
 3344 PALOMINO DR
 LAKE WORTH, FL 33462

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEGG, SUSAN 3344 PALOMINO DR LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEGG, DAVID 3344 PALOMINO DR LAKE WORTH, FL 33462
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 02/20/04-80062-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan F. Legg Pres. SUSAN F. LEGG 2/17/04 561-685-5291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #