



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000085246	
1. Entity Name CYN D SUE'S, INC.	

Principal Place of Business 600 E ALTAMONTE DR SUITE 1400 ALTAMONTE SPRINGS, FL 32701	Mailing Address 1716 BOMI CIRCLE WINTER PARK, FL 32792
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**DO NOT WRITE IN THIS SPACE**

	
07142004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3739654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SCHLICHTING, CYNTHIA S  
1716 BOMI CIRCLE  
WINTER PARK, FL 32789

**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 Cynthia S. Schlichting (NOTE: Registered Agent signature required when reinstating)

DATE July 14, 2004

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SCHLICHTING, CYNTHIA S 1716 BOMI CIRCLE WINTER PARK, FL 32792
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07/26/04-80005-003 150.00

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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)(i), 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: Cynthia S. Schlichting DATE July 14, 2004 DAYTIME PHONE # 407-677-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR