2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# P02000107804

Entity Name: SUFFOLK PROPERTY, INC.

Current Principal Place of Business:

5029 US 19 SOUTH
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5029 US 19 SOUTH
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 41-2063267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMBS, JAMES
5029 US19 S
NEW PORT RICHEY, FL 34652 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DUNN, RACHEL
Address: 12810 WILLOW DALE WAY
City-St-Zip: HUDSON, FL 34667

Title: TVP ( ) Delete
Name: COMBS, STEVEN
Address: 13117 SHADBERRY LANE
City-St-Zip: HUDSON, FL 34667

Title: C ( ) Delete
Name: COMES, JOANN M
Address: 5029 US 19 S.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PS (X) Delete
Name: COMBS, JAMES
Address: 5029 US 19S
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TVP (X) Change ( ) Addition
Name: COMBS, STEVEN J
Address: 13117 SHADBERRY LANE
City-St-Zip: HUDSON, FL 34667

Title: C (X) Change ( ) Addition
Name: COMBS, JOANN M
Address: 5029 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PS (X) Change ( ) Addition
Name: COMBS, JAMES
Address: 5029 US 19 S.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: JAMES COMBS PS 06/02/2009

Electronic Signature of Signing Officer or Director Date