

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114733

Entity Name: SUZANNE HENDRIX DESIGN, INC.

FILED  
Sep 06, 2005  
Secretary of State

## Current Principal Place of Business:

1049 KINGS AVE  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

1049 KINGS AVE  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 27-0034594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, TODD  
7785 BAYMEADOWS WAY, STE 107  
JACKSONVILLE, FL 32256 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HENDRIX, SUZANNE  
Address: 1049 KINGS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HENDRIX, SUZANNE  
Address: 1049 KINGS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUZANNE HENDRIX

P

09/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date