





# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90281 011 \*\*\*150.00

<b>DOCUMENT # P03C00037368</b> 1. Entity Name <b>SUSAN WADDELL, INC.</b>					
Principal Place of Business <b>11184 NW 46TH DRIVE</b> <b>CORAL SPRINGS FL 33076-2140</b>				Mailing Address <b>11184 NW 46TH DRIVE</b> <b>CORAL SPRINGS FL 33076-2140</b>	
2. Principal Place of Business <b>5431 N.W. 107 Avenue</b> Suite, Apt. #, etc. <b>Coral Springs</b>		3. Mailing Address <b>5431 N.W. 107 Avenue</b> Suite, Apt. #, etc. <b>Coral Springs, Florida</b>		 MOORE CR2E034 (11/03)	
City & State <b>Florida</b>		City & State <b>Coral Springs, Florida</b>		4. FEI Number <b>83-0354729</b>	
Zip <b>33076</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KATES, ELIZABETH J-ESQ</b> <b>4411 NORTHWEST TENTH STREET</b> <b>POMPANO BEACH FL 33066</b>				7. Name and Address of New Registered Agent Name <b>SUSAN WADDELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5431 N.W. 107 Avenue</b> City <b>Coral Springs</b> FL Zip Code <b>33076</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DP</b> <input type="checkbox"/> Delete NAME <b>WADDELL, SUSAN</b> STREET ADDRESS <b>11184 NW 46TH DRIVE</b> CITY-ST-ZIP <b>CORAL SPRINGS FL 33076-2140</b>				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>5431 N.W. 107 Avenue</b> STREET ADDRESS <b>Coral Springs, Florida 33076</b> CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					