2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000057936

1. Entity Name
SUZANNE STURDIVANT, P.A.

Principal Place of Business	Mailing Address
552 JUNIPER PLACE WELLINGTON, FL 33414	552 JUNIPER PLACE WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

01082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1192008	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STURDIVANT, SUZANNE
552 JUNIPER PLACE
WELLINGTON, FL 33414

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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

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	STURDIVANT, SUZANNE
STREET ADDRESS	552 JUNIPER PLACE
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Suzanne Sturdivant PA*   2/4/06   561/798-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
Suzanne Sturdivant, PA