


FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90035 046 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000071373

1. Entity Name
 12968 SUZANNE DRIVE, INC.



Principal Place of Business
 12968 S.E. SUZANNE DRIVE
 SUITE 5
 HOBE SOUND, FL 33455 US

Mailing Address
 800 LAKESIDE DRIVE
 NORTH PALM BEACH, FL 33408 US

50015804



2. Principal Place of Business
 12972 S.E. SUZANNE DR.

3. Mailing Address
 12972 S.E. SUZANNE DR.

Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State
 HOBE SOUND, FL.

City & State
 HOBE SOUND, FL

Zip Country
 33455 U.S.A.

Zip Country
 33455 U.S.A.

4. FEI Number
 75-3138125

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUCHS, LANCE C
 501 SOUTH FLAGLER DRIVE
 SUITE 305
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
 FUCHS, LANCE C

Street Address (P.O. Box Number is Not Acceptable)
 7108 FAIRWAY DR. - SUITE 200

City
 PALM BEACH GARDENS, FL

Zip Code
 33418

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME COSTELLO, RONALD	
STREET ADDRESS 8087 MONTEREY DRIVE UNIT F-1	
CITY-ST-ZIP RIVIERA BEACH, FL 33404	
TITLE VPST	<input checked="" type="checkbox"/> Delete
NAME LEWIS, DUANE	
STREET ADDRESS 800 LAKESIDE DRIVE	
CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSTELLO, RONALD	
STREET ADDRESS 12972 S.E. SUZANNE DR.	
CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, DUANE	
STREET ADDRESS 12972 S.E. SUZANNE DR.	
CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Ronald J. Costello 2/11/05 772-545-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #