

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90076 045 ***150.00

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1. Entity Name
SUSANNAH LARKIN, INC.



Principal Place of Business
**4924 SW 91ST DRIVE
GAINESVILLE, FL 32608**

Mailing Address
**P. O. BOX 1138
LAKE WALES, FL 33859**

40014556



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0265900

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOFF, KEN
1817 S HIGHLAND PARK DRIVE
LAKE WALES, FL 33853**

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IN THIS SPACE**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEDDIE, SUSANNAH H
4924 SW 91ST DRIVE
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, LARKIN GOFF
1817 S HIGHLAND PARK DRIVE
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOFFH, ANN MARIE
1817 S HIGHLAND PARK DRIVE
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

Date

Daytime Phone # _____