2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000123882

1. Entry Name SUE FLOHR, INC.



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

1074 S. MILITARY TRAIL, #306 DEERFIELD BEACH, FL 33442 Mailing Address

1074 S. MILITARY TRAIL, #306 DEERFIELD BEACH, FL 33442



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For | Not Applied For | Not Applied For |

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FLOHR, SUE 1074 S. MILITARY TRAIL, #306 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

					• /-	* *	• • • • • • • • • • • • • • • • • • • •
	named entity submits this statement for the plans of registered agent.	urpose of changing its registered offi	ce or r	egistered agent, or bo	oth, in the State of F	orida. I am fami	llar with, and eco
SIGNATURE.							
	Signature, typed or printed name of registered agent and title it	repplicable (NOTE: Registered Agent	signature	(pnilistanies nerhw beslupes	·	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	800000457571 83/17/06-80010-003		150 .0 0
10.	OFFICERS AND DIREC	TORS					1. 7. 2. 5. 3.5.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FLOHR, SUE 1074 S. MILITARY TRAIL, #306 DEERFIELD BEACH, FL 33442		3			<u>.</u>	ा इंड्रेड भी भीत्र विद्यार्थण = १०००
TITLE	D				ar surrece		<u></u>
NAME	FLOHR, SUE	.				* .	: <u> </u>
STREET ADDRESS City-St-Zip	1074 S. MILITARY TRAIL, #306 DEERFIELD BEACH, FL 33442						.* *
TITLE					- ·	•	
Hame Street address Cit y - S 1 - Zip		1		DÖ	NOT W	RITE	
Title Hame Street address City-St-Zip			,	IN .	THIS SI	PACE	W
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•	·"
TITLE NAME				· ", - ·	1 1 1 도둑형 . 딱. 1	70 JE -	

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 eath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CSTY-ST-70P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/4

(954) 426-4951