

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000032942

1. Entity Name

SUE-WAY SERVICES, INC.



Principal Place of Business

1211 NORTH 19TH STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

1211 NORTH 19TH STREET
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-0712547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUSE, WAYNE
1211 NORTH 19TH STREET
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)
Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D GAUSE, WAYNE
STREET ADDRESS 1211 NORTH 19TH STREET
CITY ST ZIP JACKSONVILLE BEACH FL 32250

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
NAME
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TITLE NAME ☐ Delete
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CITY ST ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY ST ZIP
U00000609664
02/01/07-80059-013 150.00

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Add
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TITLE NAME ☐ Change ☐ Add
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TITLE NAME ☐ Change ☐ Add
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CITY ST ZIP

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-07 904-270-1106