

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90037 029 ***150.00

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 #

1211 No 19th St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Jacksonville Beach

City & State

"

4. FEI Number

20-0712547

Applied For

Not Applicable

Zip

32250

Country

DOVAL

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title (if applicable).

Signature, typed or printed name of registered agent and title (if applicable).

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VP
NAME GAUSE, RAYMOND W
STREET ADDRESS 2121 GORDON AVE #D
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Wayne Gause Wayne GAUSE

Date

1-28-08 904.270.1106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #