


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90246 040 \*\*\*150.00

<b>DOCUMENT # P04000108032</b>					
1. Entity Name <b>KEREN L. SUTHERLAND, INC.</b>					
Principal Place of Business <b>1384 ESCOBAR AVENUE SPRING HILL FL 34608 US</b>			Mailing Address <b>1384 ESCOBAR AVENUE SPRING HILL FL 34608 US</b>		
2. Principal Place of Business <b>4561 CHAMBER COURT</b> Suite, Apt. #, etc. <b>SPRING HILL, FLORIDA</b> City & State		3. Mailing Address <b>4561 CHAMBER COURT</b> Suite, Apt. #, etc. <b>SPRING HILL, FLORIDA</b> City & State			
Zip <b>34609</b>	Country <b>HERNANDO</b>	Zip <b>34609</b>	Country <b>HERNANDO</b>	4. FEI Number <b>01-0819329</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>SUTHERLAND, KEREN L 1384 ESCOBAR AVENUE SPRING HILL FL 34608</b>			7. Name and Address of New Registered Agent Name <b>KEREN L. SUTHERLAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>4561 CHAMBER COURT</b> City <b>SPRING HILL</b> FL Zip Code <b>34609</b>		
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 <u>Keren L. Sutherland</u> <b>KEREN L. SUTHERLAND</b> <u>3/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SUTHERLAND, KEREN L 1384 ESCOBAR AVENUE SPRING HILL FL 34608</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SUTHERLAND, KEREN L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4561 CHAMBER COURT SPRING HILL, FL 34609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Keren L. Sutherland KEREN L. SUTHERLAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 (352) 450-2327

Date Daytime Phone #