2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000124506

Entity Name
 SUZANNE CATONE P.A.



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

... d

Mailing Address

14210 APPALACHIAN TRAIL Davie, FL 33325 14210 APPALACHIAN TRAIL Davie, FL 33325



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-1559294 Applied For Not Applicable

5. Certificate of Status Desired

02222007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CATONE, SUZANNE 14210 APPALACHIAN TRAIL DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the plants of registered agent.	ourpose of changing its re	gistered	office or re	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE_		J. C.				DATE.
	Signature, typed or printed name of registered agent and title	rrapplicable. (NOTE: H	egistered A	igent signaturo	required when roinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS			I I			
TITLE	Р					
NAME	CATONE, SUZANNE L					
STREET ADDRESS	14210 APPALACHIAN TRAIL					

STREET ADDRESS
CITY-ST-ZIP

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U00000646752 03/06/07-80044-015 150.00

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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 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:

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Ph