


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90232 032 \*\*\*150.00

<b>DOCUMENT # P04000139748</b> 1. Entity Name <b>SUGGS, INC.</b>					
Principal Place of Business <b>49 NW 110TH STREET OKEECHOBEE FL 34973 -2205</b>			Mailing Address <b>PO BOX 2205 OKEECHOBEE FL 34973 -2205</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SUGGS, FRANKLIN JR 49 NW 110TH STREET OKEECHOBEE FL 34973</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> 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 _____ <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, 2005 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		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Frank Suggs Jr</i>			Date: <b>4/18/05</b> Daytime Phone #: <b>863-357-0170</b>		

20043719



1st MOORE CR2E034 (10/04)

4. FEI Number  
**01-0822015**

Applied For  
Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

**FL**