## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000146883

Entity Name: SUGGS CONSTRUCTION GROUP, INC.

FILED Apr 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

572 W RAMBLING DR 9600 SW FLOWERMOUND CIRCLE WELLINGTON, FL 33414 PORT SAINT LUCIE, FL 34987

Current Mailing Address: New Mailing Address:

572 W RAMBLING DR 9600 SW FLOWERMOUND CIRCLE WELLINGTON, FL 33414 PORT SAINT LUCIE, FL 34987

FEI Number: 20-1794798 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUGGS, JUSTIN

572 W RAMBLING DR

WELLINGTON, FL 33414 US

SUGGS, JUSTIN

9600 SW FLOWERMOUND CIRCLE

PORT SAINT LUCIE, FL 34987 US

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.

SIGNATURE: JUSTIN SUGGS 04/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 SUGGS, JUSTIN
 Name:
 SUGGS, JUSTIN

 Address:
 572 W RAMBLING DR
 Address:
 9600 SW FLOWERMOUND CIRCLE

 City-St-Zip:
 WELLINGTON, FL 33414 US
 City-St-Zip:
 PORT SAINT LUCIE, FL 34987 US

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name: SUGGS, JUSTIN Name: SUGGS, JUSTIN

Address: 572 W. RAMBLING DR Address: 9600 SW FLOWERMOUND CIRCLE City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: PORTSAINT LUCIE, FL 34987 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN SUGGS PD 04/08/2007