

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90015 040 ***150.00

DOCUMENT # P04000159839

1. Entity Name
SUIT ENTERPRISES, INC.



Principal Place of Business
**110 3RD ST SW
WINTER HAVEN, FL 33880**

Mailing Address
**110 3RD ST SW
WINTER HAVEN, FL 33880**

2. Principal Place of Business
Suite, Apt. #, etc.
166 Osprey Heights Dr
City & State
Winter Haven, Florida
Zip
33880
Country
Polk

3. Mailing Address
166 Osprey Heights Dr
Suite, Apt. #, etc.
City & State
Winter Haven, Florida
Zip
33880
Country
Polk

40008300



01162006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1881948

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SUIT, KELLY
166 OSPREY HEIGHTS DRIVE
WINTER HAVEN, FL 33880**

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 Kelly Suit Kelly Suit 01/30/06
Signature, typed or printed name of registered agent, and date (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUIT, KELLY 166 OSPREY HEIGHTS DRIVE WINTER HAVEN, FL 33880 <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	STD SUIT, CHRISTINA 166 OSPREY HEIGHTS DRIVE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kelly Suit Kelly Suit 01/30/06 863-324-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR