

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90351 005 \*\*\*150.00

**DOCUMENT # P04000164523**

1. Entity Name  
**SUTHERLAND INVESTMENTS, INC.**



Principal Place of Business  
**12951 METRO PARKWAY, SUITE 11**  
**FORT MYERS, FL 33912**

Mailing Address  
**12951 METRO PKWY**  
**#11**  
**FT MYERS, FL 33912 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Drawer 60205**  
 Suite, Apt. #, etc.

04122006 Chg-P CR2E034 (11/05)



City & State

City & State  
**Fort Myers, FL**

4. FEI Number  
**16-1711370**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33906**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYSTON, JR., ROBERT D ESQ.**  
**COSTELLO & ROYSTON**  
**12670 NEW BRITTANY BLVD., SUITE 101**  
**FORT MYERS, FL 33907**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D**  Delete  
**SUTHERLAND, CAROLE**  
 STREET ADDRESS  
**15769 S. PEBBLE LANE**  
 CITY-ST-ZIP  
**FORT MYERS, FL 33912**

TITLE  
 NAME **PST**  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Carole Sutherland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/06**

Date

Daytime Phone #