

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 039 ***150.00

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1. Entity Name
 SUTHERLAND INVESTMENTS, INC.



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

Mailing Address
 POB 60205
 FORT MYERS, FL 33906 US

60035612



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

c/o JOHN M. WICKER, P.A.
 P.O. DRAWER 60205
 FORT MYERS, FL 33906

04252008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

16-1711370

Not Applicable

Zip

Country

Zip

Country

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

JOHN M. WICKER, P.A.
 12670 NEW BRITTANY BLVD., STE 101
 FORT MYERS, FL 33907

City

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PST
 STREET ADDRESS SUTHERLAND, CAROLE Delete
 CITY-ST-ZIP 15769 S. PEBBLE LANE
 FORT MYERS, FL 33912

TITLE
 NAME SUTHERLAND, CAROLE 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
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

Business Phone #