


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90043 023 ***150.00

DOCUMENT # P04000167982

1. Entity Name
SUZANNE LEAVEY, INC.



Principal Place of Business
**2103 AVE. B, STE. E
BRADENTON BEACH, FL 34217**

Mailing Address
**2103 AVE. B, STE. E
BRADENTON BEACH, FL 34217**

2. Principal Place of Business
203 62 ST W
Suite, Apt. #, etc.

3. Mailing Address
203 62 ST W
Suite, Apt. #, etc.

City & State
Bradenton FL
Zip
34209 Country
USA

City & State
Bradenton FL
Zip
34209 Country
USA

07122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3290876

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LEAVEY, SUZANNE
2103 AVE. B, STE. E
BRADENTON BEACH, FL 34217**

7. Name and Address of New Registered Agent
Name
Leavey Suzanne
Street Address (P.O. Box Number Not Acceptable)
203 62 ST W
Bradenton, FL
City, **FL** Zip Code
34209

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 *Suzanne Leavey* DATE 7/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEAVEY, SUZANNE 2103 AVE. B, STE. E BRADENTON BEACH, FL 34217 <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	<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 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: *Suzanne Leavey* DATE 7-12-05 DAYTIME PHONE # 941-224-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR