

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90193 017 ***150.00

DOCUMENT # **PO5000062794**

1. Entity Name

SUSAN CULLOM PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

33007 AZUA BAY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

50017305

CR2E034B (8/05)

City & State

BOYNTON Beach, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33436

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE Co.

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST.

TALLAHASSEE

FL

Zip Code

32301

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S/V V/S V/T/D
SUSAN CULLOM
33007 AZUA BAY
BOYNTON BCH, FL. 33436**

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **SUSAN CULLOM, Susan Cullom PA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 561-369-1833

Date

Daytime Phone #