2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90184 034 ***150.00

DOCUMENT # P05000069385

1. Entity Name
SUWANNEE VENTURES, INC.

Principal Place of Business	Mailing Address
11772 116TH TERRACE LIVE OAK, FL 32060	11772 116TH TERRACE LIVE OAK, FL 32060

04012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	1102 S. Ohio Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Live Ock FL
Zip / Country	Zip: 32064 / Country: Suwannee

4. FEI Number: 20-2854075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, GREGORY D.
11772 116TH TERRACE
LIVE OAK, FL 32060

7. Name and Address of New Registered Agent

Name: Jack Blair
Street Address (P.O. Box Number is Not Acceptable): 1102 S. Ohio Av
City: Live Ok FL Zip Code: 32064

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: Jack Blair president DATE: 4/25/06
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
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

TITLE	P DT	☐ Delete
NAME	BLAIR, JACK	
STREET ADDRESS	10252 81ST RD.	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	VPS	☐ Delete
NAME	WATSON, GREGORY D.	
STREET ADDRESS	11772 116TH TERRACE	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
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: Jack Blair 4/25/06 386-364-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #