2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

07-25-2006 90023 044 ***150.00

DOCUMENT # P05000129366

1. Entity Name
SUSAN WARE ENTERPRISES INC

Principal Place of Business	Mailing Address
9525 SW 190TH AVENUE ROAD DUNNELLON, FL 34432 US	9525 SW 190TH AVENUE ROAD DUNNELLON, FL 34432 US

66022894

2. Principal Place of Business: 9419 N Country Club Way
Suite, Apt. #, etc.: Citrus Springs FL
City & State: 34434
Zip / Country

3. Mailing Address: 9419 N Country Club Way
Suite, Apt. #, etc.
City & State: Citrus Springs FL
Zip: 34434 Country: USA

07192006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-226 3939 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WARE, SUSAN
9525 SW 190TH AVENUE ROAD
DUNNELLON, FL 34432

7. Name and Address of New Registered Agent

Name: Susan Ware
Street Address (P.O. Box Number is Not Acceptable): 9419 N Country Club way
City: Citrus Springs FL Zip Code: 34434

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: Susan Ware

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
Due by September 6, 2006

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	PSD WARE, SUSAN 9525 SW 190TH AVENUE ROAD DUNNELLON, FL 34432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9419 N CountryClub Way Citrus Springs FL 34434
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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: Susan Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #