## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P07000135020 1. Entity Name 02-08-2008 90023 027 \*\*\*150.00 SUTER HOMES, INC. Principal Place of Business Mailing Address **621 SUNSET POINTE DRIVE 621 SUNSET POINTE DRIVE** LAKE PLACID, FL 33852 US LAKE PLACID, FL 33852 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Cha-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 32-022680 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTER-SUSAN-Street Address (P.O. Box Number is Not Acceptable) 621 SUNSET POINTE DRIVE LAKE PLACID, FL 33852 Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE Change | ☐ Addition TITLE Delete SUTER, SUSAN NAME NAME **621 SUNSET POINTE DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP ☐ Delete THLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-SE-ZIP THILE ☐ Change ☐ Addition TIMLE ☐ Delcto NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CBY-ST-7IP ☐ Change THILE ☐ Delete $\Pi\Pi f$ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STRLET ADDRESS CITY-\$1-2IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET 400RESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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.

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Susan Sixter

2/5/2008

(863)465-6062

FILED

Feb 08, 2008 8:00 am