2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000052103

1. Entity Name SUZ LETZIG & ASSOCIATES, INC.



FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90290 021 ***150.00

			1		7			
Principal Place	e of Business	Mailing Address	Mailing Address					
1121 M MILLS AVE Orlando, Fl. 32803 US		PO BOX 533010 Orlando, Fl. 328	PO BOX 533010 Orlando, Fl. 32853-3010 US					-
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04072006	Chg-P	CR2E034 (11/	05)
City & State		City & State	City & State		4. FEI Numb 59-325			Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Cu	urrent Registered Agent			7. Name and Address of New Registered Agent			
LETZIG, SUZ V				Name				
4301 KASF	PER DRIVE D, FL 32806		Street Addres		is (P.O. Box Numb	er is Not Acceptable	e)	
				City			FL Zip i	Code
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 sig					ired when reinstating)		DATE	
•								
	E NOW!!! FEE IS \$150.0 ay 1, 2006 Fee will be \$		npaign Financir Contribution.		5.00 May Be added to Fees			
10.	OFFICERS	S AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECT	ORS IN 11
TITLE	PS	☐ Delete	TITLE				☐ Char	
HAME	LETZIG, V SUZ		NAME	1	•			
STREET ADDRESS	4301 KASPER DR			ADDRESS				
CHTY-ST-ZIP	ORLANDO, FL		CITY-ST	- ZIP				
TITLE	VPT	☐ Delete	TITLE	Ì			⊠ Char	nge ☐ Addition
NAME STREET ADDRESS	LETZIG, BETTY J		NAME	ADDRESS 266	: M			
CITY-ST-ZIP	4		CITY-ST	1	Merrimon Avenue evnille, N.C. 28801		l	
	NEW TORK, NT	☐ Delete	TITLE	ASO	ieviitte, N.C	. <u>. 200</u> 01	Char	nge 🗍 Addition
TITLE NAME		U Delete	NAME	i			Ü Mar	rife
STREET ADDRESS				ADDRESS				ļ
CTTY-ST-ZIP			CITY-ST	r-ZIP				
TITLE		☐ Delete	'HITLE'				☐ Char	nge 🔲 Addition
NAME			NAME					1
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST	r-ZIP			····	
TITLE		☐ Delete	TITLE	1			☐ Chai	nge 🗌 Addition
NAME			NAME	1				ĺ
STREET ADDRESS				ADDRESS				
CITY-ST-ZUP			C)TY+ST	1-20			—	
TITLE		☐ Delete	TITLE	-			☐ Chai	nge 🗌 Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				}
CITY-ST-ZIP			CITY-ST	E .				1
	certify that the information suppli	ied with this filing does not gual			ned in Chapter 11	9. Florida Statutes.	I further certify that t	he information

2. Thereby certify that the information supplied with this hilling does not quality for the exemptions contained in Chapter 118, Proport or suppliemental report is rune 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: _

SUZ Letzig, President V. Suz Letzig, President

4/7/06

(401) 891, -1422 Daysma Phone #