

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000048646

1. Entity Name

SSI OF SUWANNEE COUNTY, INC.



Principal Place of Business

13396 76TH STREET
LIVE OAK, FL 32060 US

Mailing Address

13396 76TH STREET
LIVE OAK, FL 32060 US



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3322690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, BRADFORD C
14544 96TH PALCE
LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

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

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

U00000480237
04/10/06-80036-017 150.00

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
LEWIS, BRADFORD C
14544 96TH PL
LIVE OAK, FL 32060

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
LEWIS, LAWRENCE L
12265 US 1298 SOUTH
LIVE OAK, FL 32060

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
LEWIS, LEROY D JR
10843 SR 51 SOUTH
LIVE OAK, FL 32060

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradford C Lewis

3/22/06

386-362-5009

Date

Daytime Phone #