

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 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**



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3322690</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**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	
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U000000686145  
04/09/07-80034-003 150.00

**DO NOT WRITE  
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

**3/29/07** **386-362-5009**  
Date Daytime Phone #