2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 10, 2005 08:00 AM Secretary of State DOCUMENT # P95000097243 1. Entity Name SUZY-Q ENTERPRISES, INC. Principal Place of Business Mailing Address 290 SW BROAD ST. SOUTHERN PINES NC 28387 290 SW BROAD ST. SOUTHERN PINES NC 28387 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3354154 Not Applicable Zip Country Country \$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 CRAWFORD, JOHN R Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET SUITE 900 JACKSONVILLE FL 32202 Zip 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TOTLE CEO TATLE · Delete ☐ Change ☐ Addition ABDIAN, RÙTHELIA Q NAME NAME 42 HIGH LAND VIEW DR. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP SOUTHERN PINES NC 28387 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition U00000258004 03/10/05-80022-025 150.00 ABDIAN, CHARLES STREET ADDRESS 42 HIGHLAND VIEW DR. STREET ADDRESS CITY ST-ZIP SOUTHERN PINES NC 28387 CLLY - ST - ZIP VΡ TITLE Delete TITLE ☐ Change Addition NAMI. HAMON, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 4124 PALOMA PT. CT. CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP TITLE THEE Delete ☐ Change Addition YOUNG, LEE ANNE NAME NAME 290 SW BROAD ST. STREET ADDRESS STREET ADDRESS SOUTHERN PINES NC 28387 CITY - SJ - ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP TITLE Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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 fike empowered.