


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90416 033 ***150.00

DOCUMENT # P95000097243	
1. Entity Name SUZY-Q ENTERPRISES, INC.	

Principal Place of Business 290 SW BROAD ST. SOUTHERN PINES NC 28387 US	Mailing Address 290 SW BROAD ST. SOUTHERN PINES NC 28387 US
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2. Principal Place of Business 290 S.W. BROAD ST	3. Mailing Address 6 CANAL LANE
Suite, Apt. #, etc. SOUTHERN PINES, NC	Suite, Apt. #, etc. WHISPERING PINES, N.C

1st MOORE CR2E034 (10/05)

City & State 28387	City & State 28327
Zip 28387	Zip 28327
Country MOORE	Country MOORE

4. FEI Number 59-3354154	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, JOHN R 225 WATER STREET SUITE 900 JACKSONVILLE FL 32202	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <i>Ruthelia Q. Abdean</i>	DATE 4/14/06

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	<input type="checkbox"/> Delete	TITLE PRESIDENT / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABDIAN, RUTHELIA Q		NAME RUTHELIA Q. ABDIAN	
STREET ADDRESS 42 HIGH LAND VIEW DR.		STREET ADDRESS 6436 SUNSET BAY CLARIE	
CITY-ST-ZIP SOUTHERN PINES NC 28387		CITY-ST-ZIP APOLLO BEACH FLA 33572	
TITLE P	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABDIAN, CHARLES		NAME CHARLES G. ABDIAN	
STREET ADDRESS 42 HIGHLAND VIEW DR.		STREET ADDRESS 6 CANAL LANE	
CITY-ST-ZIP SOUTHERN PINES NC 28387		CITY-ST-ZIP WHISPERING PINES, N.C. 28327	
TITLE VP	<input type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMON, ELIZABETH		NAME HOLLAND MILLER	
STREET ADDRESS 4124 PALOMA PT. CT.		STREET ADDRESS 7521 HEDLEY WAY APT 303	
CITY-ST-ZIP JACKSONVILLE FL 32217		CITY-ST-ZIP CHARLOTTE, N.C. 28210	
TITLE S	<input type="checkbox"/> Delete	TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNG, LEE ANNE		NAME LEE ANNE YOUNG	
STREET ADDRESS 290 SW BROAD ST.		STREET ADDRESS 290 S.W. BROAD ST	
CITY-ST-ZIP SOUTHERN PINES NC 28387		CITY-ST-ZIP SOUTHERN PINES, N.C. 28327	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Ruthelia Q. Abdean</i>	DATE: 4/14/06 DAYTIME PHONE: 904-556-8900