

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000076292

FILED
Nov 18, 2009
Secretary of State

Entity Name: D. & B. SUGGS ENTERPRISES INC.

Current Principal Place of Business:

663 S. BREVARD AVE.
ARCADIA, FL 342664260

New Principal Place of Business:

Current Mailing Address:

663 S. BREVARD AVE.
ARCADIA, FL 342664260

New Mailing Address:

FEI Number: 59-3399496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUGGS, DARRELL
663 S BREVARD AVE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUGGS, DARRELL G
Address: 2121 COASTLINE TERRACE
City-St-Zip: ARCADIA, FL 34266

Title: ST () Delete
Name: SUGGS, BILLIE J
Address: 2121 COASTLINE TERRACE
City-St-Zip: ARCADIA, FL 34266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MARTINEZ, APRIL L
Address: 1693 NE FLORIDIAN CIRCLE
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL G. SUGGS

P

11/18/2009

Electronic Signature of Signing Officer or Director

Date