## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000023798**

1. Entity Name

SUWANEE PLAZA PROPERTIES, INC.



FILED Apr 25, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

411 COMMERCIAL COURT

411 COMMERCIAL COURT

SUITE E VENICE, FL 34292 US

Suite e Venice, Fl. 34292 - Us



CR2E034 (10/03)

04202005

4. FEI Number 65-0733000

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BINGHAM, JAMES H 411 COMMERCIAL COURT SUITE E VENICE EL 34292

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No Cha-P

VENICE, FL 34292			IN THIS STACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agont and title	if applicable (NOTE Registered	Agont signatur	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	clng	<b>\$5.00</b> May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PD KURLANDER, ROBERT 1230 LAUREL COURT FORT LAUDERDALE, FL 33326 VSD BINGHAM, JAMES H	CTORS		Unoquo329183 04/25/05-80106-018 150.00	
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	7930 MANASOTA KEY RD ENGLEWOOD, FL 34223 D OAKLEY, THOMAS E 2974 PLANTATION DRIVE			DO	NOT WRITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN, FL 33883				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TOPED THE RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/105

Daytime Phone #