

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000031811

1. Entity Name  
SUSAN AMENDOLA PROPERTIES INC.



**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90060 021 \*\*\*150.00

Principal Place of Business Mailing Address  
15383 LOS ANGELES DRIVE 15383 LOS ANGELES DRIVE  
LOXAHATCHEE, FL 33470 US LOXAHATCHEE, FL 33470 US  
11924 Forest Hill Blvd Suite 22-223  
Wellington, FL 33414 Same

2. Principal Place of Business - If No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0744625 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AMENDOLA, SUSAN P  
15383 LOS ANGELES DRIVE  
LOXAHATCHEE, FL 33470

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 P ☐ Delete  
NAME AMENDOLA, SUSAN P  
STREET ADDRESS 15383 LOS ANGELES DRIVE  
CITY-ST-ZIP LOXAHATCHEE, FL 33470  
11924 Forest Hill Blvd Suite 22-223 Wellington, FL 33414  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
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CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #