2006 FOR PROFIT CORPORATION , ANNUAL REPORT

SIGNATURE: Summe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 20, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000015462 1. Entity Name SUZANNE M. WILLIAMS P.A. Mailing Address Principal Place of Business U000004743<u>0</u>3 14173 HETRICK CIRCLE N. 14173 HETRICK CIRCLE N. 04/04/06-90019-005 150.00 LARGO, FL 33774 US LARGO, FL 33774 US 02202006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0811713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, SUZANNE M 14173 HERICK CIRCLE N. LARGO, FL 33774 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILLIAMS, SUZANNE M NAME STREET ADDRESS 14173 HERICK CIRCLE N. CITY-ST-ZIP LARGO, FL 33774 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 cath, 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.

596.

March . 25, 2006

**FILED**