


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002877

1. Entity Name
 SUITE 2100, INC



Principal Place of Business 230 NORTH WESTMONTE DRIVE 2100 ALTAMONTE SPRINGS, FL 32714	Mailing Address 230 NORTH WESTMONTE DRIVE 2100 ALTAMONTE SPRINGS, FL 32714
---	---

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

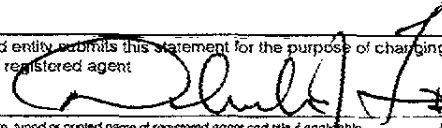
4. FEI Number 59-3553231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, DEBORAH J
 4500 SAILBREEZE CT.
 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

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:  **DEBORAH J. TURNER** **4/20/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consisting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

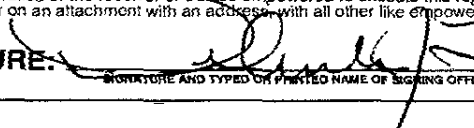
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, DEBORAH J 4500 SAILBREEZE COURT ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GEISLER, ANN A 2475 REED ELLIS RD. OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000124894
 04/22/04-80064-004 150.00

DO NOT WRITE IN THIS SPACE

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:  **DEBORAH J. TURNER** **4/20/04** **407-865-7477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #