

2005 ~~FOR~~ PROFIT CORPORATION ANNUAL REPORT (AR)

7/12/2005-90040-046-\$158.75-\$158.75

DOCUMENT # P99000006130

1. Entity Name

SUZEN DEVORAK JOHNSON, INC.



05 OCT -1 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

126 PERUVIAN AVE 1A
PALM BEACH FL 33433

Mailing Address

126 PERUVIAN AVE 1A
PALM BEACH FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number 65-0886717

5. Applied For
Not Applicable

6. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, SUZEN
126 PERUVIAN AVE 1A
PALM BEACH FL 33433

JOHNSON, SUZEN
126 PERUVIAN AVE 1A
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$150.00 + \$8.75

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHNSON, SUZEN D
126 PERUVIA AVE #1A
PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800060917088
10/25/05--01030--020 **591.25

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 recipient 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 an other like empowered.

SIGNATURE: SUZEN D JOHNSON

1-31-2005 5618023490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #