

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90049 031 \*\*\*150.00

**DOCUMENT # P99000045476**

1. Entity Name

PAT CLARK SUIT, PA



Principal Place of Business

2460 N. COURTENAY PKWY.  
SUITE 103  
MERRITT ISLAND FL 32953

Mailing Address

2460 N. COURTENAY PKWY.  
SUITE 103  
MERRITT ISLAND FL 32953

2. Principal Place of Business

1775 N. ATLANTIC AV.  
Suite, Apt. #, etc.  
Cocoa Beach, FL  
City & State

3. Mailing Address

92 Seabreeze Circle  
Suite, Apt. #, etc.  
Merritt Isl, FL  
City & State



MOORE CR2E034 (11/03)

4. FEI Number 59-3575835

Applied For  
Not Applicable

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

Zip 32931

Country USA

Zip 32953

Country USA

6. Name and Address of Current Registered Agent

SUIT, PATRICIA  
2460 N. COURTENAY PKWY.  
SUITE 112  
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name SUIT, Patricia  
Street Address (P.O. Box Number is Not Acceptable)  
92 Seabreeze Circle  
City Merritt Island FL Zip Code 32953

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 Patricia E. Suit (Pat Clark Suit) Patricia E. Suit 2/4/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE PD ☐ Delete  
NAME SUIT, PATRICIA E  
STREET ADDRESS 2460 N. COURTENAY PKWY., 103  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ST ☐ Delete  
NAME SUIT, PATRICIA E  
STREET ADDRESS 2460 N. COURTENAY PKWY., 103  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 92 Seabreeze Circle  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 92 Seabreeze Circle  
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 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 another like empowered.

SIGNATURE: Patricia E. Suit (Pat Clark Suit) 2/4/04 321-459-9777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patricia E. Suit Date Daytime Phone #