2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

1. Entity Name PAT CLARK SUIT, PA						04-07-2008	90045 012 **	*150.00	
Principal Place of Business 92 SEABREEZE CIRCLE MERRITT ISLAND, FL 32953		Mailing Address 92 SEABREEZE CIRCLE MERRITT ISLAND, FL 32953		•					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032008	Chg-P	CR2E034 (1	2/06)		
City & State		City & State			4. FEI Number Applied For 59-3575835 Not Applicable				
Zip	Country	Zip	Countr	У	5. Certificate	of Status Desired		5 Additional equired	
	6. Name and Address of Current	Registered Agent		*	7. Name and	Address of New F	Registered Agent		
SUIT, PATRICIA E (9) SEABREEZE CIRCLE				Name Suit FatRicia E, Street Address (P.O. Box Number is Not Acceptable)					
MERRITT	ISLAND, FL 32953			92 SCA BREEZE CIRCLE CITY MERLITI ISLAND, FL 32953					
			<u> </u>	City Meen	CITI I	CLANY,	FL 3	p Code 2 7 5 3	—— Z
8. The above named entity submits this statement for the purpose of changing its registered office or registered at the obligations of registered agent.						th, in the State of Fl	orida. I am familia	r with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered :	Agent signature required	I when reinstating)		DATE	<u> </u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contribu			.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS IN 11	
NAME STREET ADDRESS CITY-SI-ZIP				T ADDRESS ST-ZIP			□ ¢	hange 🗌 Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUIT, PATRICIA E 92 SEABREEZE CIRCLE MERRITT ISLAND, FL 32953	☐ Delele	TITLE NAME	T ADDRESS			c	hange Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP		-	□ c	hange 🔲 Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			c	hange 🔲 Addi	ilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			□ c	hange 🔲 Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-S	T ADDRESS St-zip			□ c	hange 🔲 Addi	ilion
indicated of the cor	certify that the information supplied wit on this report or supplemental report is poration or the regeiver or trustee emp or on an attachment with an address.	s true and accurate and that my owered to execute this report as with all other like empowered.	signatu require	re shall have the sed by Chapter 607	same legal effec 7, Florida Statute	ct as if made under es; and that my nam	oath; that I am an re appears in Bloc	officer or direct k 10 or Block 1	tor 1 if
SIGNATURE: JAMES & SUNT JATRICIA E. SUIT, PRES 13/08 321-403-3333 SIGNATURE AND TYPED DA PRINTED NAME OF SKONING OFFICEN OR DIRECTOR Date Dayline Phone #									