


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000076550</b> 1. Entity Name <b>SUGGS CONTRACTING SERVICE, INC.</b>			
Principal Place of Business <b>11283 69TH ST. E. PARRISH, FL 34219</b>		Mailing Address <b>11283 69TH ST. E. PARRISH, FL 34219</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent  <b>SUGGS, MARVIN 11283 69TH ST. E. PARRISH, FL 34219</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		U000000158863 05/10/04-80007-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SUGGS, MARVIN 11825 69 ST E PARRISH, FL 34219</b>	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BRINKER, DIANE 11825 69 ST E PARRISH, FL 34219</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>SUGGS, MARVIN 11825 69 ST E PARRISH, FL 34219</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BRINKER, DIANE 11825 69 ST E PARRISH, FL 34219</b>		
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)(f), 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.			
<b>SIGNATURE:</b> <u>Marvin Suggs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-27-04      941-7765737 <small>Date      Daytime Phone #</small>	