


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V67306		
1. Entity Name SUDDEN SERVICE, INC.		

Principal Place of Business 1446 TURKEY ROOST TRAIL TALLAHASSEE, FL 32317 US	Mailing Address 1446 TURKEY ROOST TRAIL TALLAHASSEE, FL 32317 US
--	--

DO NOT WRITE IN THIS SPACE

FILED
05 JAN 20 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3142955	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 SUSHEREBA, PAUL 1446 TURKEY ROOST TRAIL TALLAHASSEE, FL 32317
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

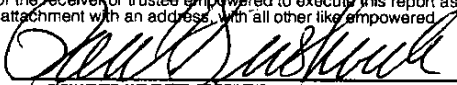
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SUSHEREBA, PAUL 1446 TURKEY ROOST TRAIL TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSHEREBA, AIREN 1446 TURKEY ROOST TRAIL TALLAHASSEE, FL 32317
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	

DO NOT WRITE
IN THIS SPACE

600045552016
01/28/05--01010--011 **158.75

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:  1.20.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #