2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90038 015 ***158.75

DOCUMENT # V67306

1. Entity Name
SUDDEN SERVICE, INC.

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1500 Apalachee Parkway		1446 Turkey Roost Tr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tall FL.		City & State: Tall Fl	
Zip: 32301	Country: Leon	Zip: 32317	Country: Leon

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3142955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUSHEREBA, PAUL
1446 TURKEY ROOST TRAIL
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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]
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, 2008 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	CEO	☐ Delete
NAME	SUSHEREBA, PAUL	
STREET ADDRESS	1446 TURKEY ROOST TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	S	☐ Delete
NAME	SUSHEREBA, AIREN	
STREET ADDRESS	1446 TURKEY ROOST TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
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			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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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 exemptions contained in Section 119, 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: [signature] 1 26 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #