

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006603

FILED  
Sep 06, 2005  
Secretary of State

Entity Name: SUWANNEE RIVER ALPACAS INC.

**Current Principal Place of Business:**

3076 95TH DR.  
LIVE OAK, FL 32060

**New Principal Place of Business:**

3662 N. HWY 129  
LIVE OAK, FL 32060

**Current Mailing Address:**

712 DEL RIO WAY  
KISSIMMEE, FL 34758

**New Mailing Address:**

3662 N. HWY 129  
LIVE OAK, FL 32060

FEI Number: 80-0077818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUTTER, BERNARD R  
3036 BIG SKY BLVD  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MANGUM, LINWOOD B  
Address: 712 DEL RIO WAY  
City-St-Zip: KISSIMMEE, FL 34758

Title: DV ( ) Delete  
Name: MACDONALD, CINDY L  
Address: 712 DEL RIO WAY  
City-St-Zip: KISSIMMEE, FL 34758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MANGUM, LINWOOD B  
Address: 3662 N. HWY 129  
City-St-Zip: LIVE OAK, FL 32060

Title: DV (X) Change ( ) Addition  
Name: MACDONALD, CINDY L  
Address: 3662 N. HWY 129  
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY MACDONALD

DV

09/06/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date