

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88776

FILED
Apr 30, 2004
Secretary of State

Entity Name: SUTTON AND ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

3403-Z HANCOCK BRIDGE PKY
C/O LARRY D. SUTTON
N FT MYERS, FL 33903 US

New Principal Place of Business:

3443 HANCOCK BRIDGE PKY
SUITE 401
N FT MYERS, FL 33903 US

Current Mailing Address:

POST OFFICE BOX 3456
NORTH FORT MYERS, FL 33918 US

New Mailing Address:

FEI Number: 65-0057331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTON, LARRY D.
3403-2 HANCOCK BRIDGE PKWY
NORTH FT. MYERS, FL 33903

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SUTTON, LARRY D.
Address: 3403-2 HANCOCK BRIDGE PKWY
City-St-Zip: NORTH FORT MYERS, FL

Title: SD () Delete
Name: SUTTON, EILEEN F.
Address: 3403-2 HANCOCK BRIDGE PKWY
City-St-Zip: NORTH FORT MYERS, FL

Title: VPD () Delete
Name: SUTTON, SCOTT D.
Address: 3403-2 HANCOCK BRIDGE PKWY
City-St-Zip: NORTH FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SUTTON, LARRY D.
Address: 3443 HANCOCK BRIDGE PKWY - STE 401
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD (X) Change () Addition
Name: SUTTON, EILEEN F.
Address: 3443 HANCOCK BRIDGE PKWY - STE 401
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD (X) Change () Addition
Name: SUTTON, SCOTT D.
Address: 3443 HANCOCK BRIDGE PKWY - STE 401
City-St-Zip: NORTH FORT MYERS, FL 33903

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: SCOTT SUTTON

VP

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date