


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT #294722 1. Entity Name FUTRELL CO. |  |
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| Principal Place of Business 8203 SW 124TH STREET MIAMI, FL 33156 | Mailing Address 8203 SW 124TH STREET MIAMI, FL 33156 |
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1103568 | 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

**GILSON, GLEN W.
6701 SW 120TH STREET
MIAMI, FL 33156**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FUTRELL, ARLENE 8203 S.W. 124 STREET MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VON ZIMMERMAN, DONALD J. 8203 S.W. 124 STREET MIAMI, FL |
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01/09/04-80003-024 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Arlene Futrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5, 04 305-233-4444
Date Daytime Phone #