2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

## Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # 608357 1. Entity Name STRAIT CHUTER, INC. Principal Place of Business Mailing Address 996 RANCH ROAD TARPON SPRINGS FL 34688 996 RANCH ROAD TARPON SPRINGS FL 34688 2. Principal Place of Business \_\_\_ 3. Mailing Address Suite, Apt #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State NO-T APPLICABLE Not Applicable Zip Country Zlp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARVEY, SHELBY J Street Address (P.O. Box Number is Not Acceptable) 996 RANCH ROAD TARPON SPRINGS FL 34688 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE ☐ Change HARVEY, SHELBY NAME NAME STREET ADDRESS 996 RANCH ROAD STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34688 CLEY-ST-ZIP ۷P ☐ Addillon TITLE Delete TITLE Change U00000256161 03/09/05-90001-025 150.00 MAURER, JOHN V NAME NAME 996 RANCH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34688 CHT-ST-7IP Delete TITLE Change Addition | NAME EVERS, LINDA STREET ADDRESS STREET ADDRESS 6291 BAHIA DEL MAR CIR. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33715 TITLE Change Addition ☐ Delete 31113 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete mr ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP 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 inclicated 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.

**FILED**