

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 686629

1. Entity Name  
ROBERT HUTTON, INC.



Principal Place of Business

564 JOHNATHAN CT  
HAVANA, FL 32333 US

Mailing Address

564 JOHNATHAN CT  
HAVANA, FL 32333 US

FILED  
04 JUL 27 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07272004 No Chg-P CR2E034 (10/03) 84

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1384670

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUTTON, ROBERT W.  
564 JONATHAN COURT  
HAVANA, FL 32333

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HUTTON, II, ROBERT W  
STREET ADDRESS 647 BEAVER CRK LANE  
CITY-ST-ZIP HAVANA, FL 32333

TITLE V  
NAME KYLE, WILLIAM C IV  
STREET ADDRESS 564 JONATHAN CT.  
CITY-ST-ZIP HAVANA, FL 32333

TITLE D  
NAME SLIGER, PAUL B JR  
STREET ADDRESS 2001 BELLVUE WAY, #110  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400040255614  
08/17/04--01057--010 \*\*150.00

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/04