2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 696249

1. Entity Name
SUTTON PLACE LTD., INC.

Principal Place of Business	Mailing Address
% MICHAEL D ANNIS 3314 MULLEN AVENUE TAMPA, FL 33609	% MICHAEL D ANNIS 3314 MULLEN AVENUE TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2122072
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANNIS, MICHAEL D
3314 MULLEN AVENUE
TAMPA, FL 33609

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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 M. Lee D Ann Jan 5 2006
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	ANNIS, MICHAEL D
STREET ADDRESS	3314 MULLEN AVENUE
CITY-ST-ZIP	TAMPA, FLORIDA 00000,
TITLE	ST
NAME	ANNIS, MICHAEL D
STREET ADDRESS	3314 MULLEN AVENUE
CITY-ST-ZIP	TAMPA, FLORIDA 00000,
TITLE	PD
NAME	ANNIS, JUNE S
STREET ADDRESS	3314 MULLEN AVENUE
CITY-ST-ZIP	TAMPA, FLORIDA 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/06-80002-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M. Lee D Ann 1/5/2006 813-225-4182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #