


2004 NON-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90009 025 ****61.25

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| DOCUMENT # 708486 |  |
| 1. Entity Name LOUTTIT MANOR, INC. | |

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|---|---|
| Principal Place of Business 229 SO RIDGEWOOD AVE DAYTONA BEACH, FL 32114-4334 | Mailing Address 229 SO RIDGEWOOD AVE DAYTONA BEACH, FL 32114-4334 |
|---|---|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01152004 Chg-NP CR2E037 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-1163560 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| LEWIS, DORA 37 TREETOP CIR. ORMOND BCH., FL 32074 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BAGGETT, W B 188 PALM SPARROW CT. DAYTONA BCH., FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HAMILTON, ALFRED P.O. BOX 950 (N/A) DAYTONA BEACH, FL 32115 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SLAUGHTER, KYLE 505 RIVERSIDE ORMOND BEACH, FL 00000, <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Vice Pres TAYLOR, JAMES 9 SOUTHERN PINE TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LITTLE, DOUGLAS 3 LA COSTA CT ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRUITT, RICHARD 115 COUNTRY CLUB DR ORMOND BEACH, FL <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Edward Shaw 761 Renegade Lane Pott Orange, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director James Ritchey 108 Kings Pt. Court Daytona Beach, FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Joanne Keller 141 Melrose Ave. Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Pres Taylor, James 9 Southern Pine Trail Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Donald Wanstall 199 Lindenwood Circle Ormond Beach FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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: X C.K. Shy McJ. Date: 1-21-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #