


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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



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

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03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1163560 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

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, EDWARD 761 RENEGADE LANE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMILTON, ALFRED P.O. BOX 950 (N/A) DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLAUGHTER, KYLE 505 RIVERSIDE ORMOND BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JAMES 9 SOUTHERN PINE TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, DOUGLAS 3 LA COSTA CT ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUITT, RICHARD 115 COUNTRY CLUB DR ORMOND BEACH, FL

U00000269811
 03/19/05-80030-011 61.25

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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 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:  3-16-05 386-255-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #