

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002520

1. Entity Name
DUTT ENTERPRISES, INC.



Principal Place of Business
113 N PORTAGE ST.
DOYLESTOWN, OH 44230

Mailing Address
PO BOX 207
DOYLESTOWN, OH 44230



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1233829
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUTT, JERE
235 BAREFOOT BEACH
BONITA SPRINGS, FL 34134

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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 re-registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME DUTT, JERE W
STREET ADDRESS 235 BAREFOOT BEACH
CITY-STATE-ZIP BONITA SPRINGS, FL

TITLE V
NAME DUTT, JERE W III
STREET ADDRESS 720 REDROCK
CITY-STATE-ZIP WADSWORTH, OH

TITLE V
NAME DUTT, JASON F
STREET ADDRESS 14863 SERFASS
CITY-STATE-ZIP DOYLESTOWN, OH

TITLE S
NAME DUTT, REGINA
STREET ADDRESS 235 BAREFOOT BEACH
CITY-STATE-ZIP BONITA SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000312642
04/18/05-80092-018 158.75

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IN THIS SPACE**

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: Jan D. Dutt III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/05
DATE

Daytime Phone #