2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # F97000006396

1. Entity Name

مي ريڪتي

DENNIS L. SUTTON, INC.



Principal Place of Business

pat Place of Business Mailing

2007 74TH STREET NW BRADENTON, FL 34209 Mailing Address

2007 74TH STREET NW BRADENTON, FL 34209

FILED Feb 21, 2008 08:00 All Secretary of State



01242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-1305538

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTON, DENNIS L 2007 74TH STREET NW BRADENTON, FL 34209

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		1			
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 little diapplicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	1
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD SUTTON, DENNIS L 2007 74TH STREET NW BRADENTON, FL 34209			000000834113 02/28/08-80039-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SUTTON, VIRGINA W 2007 74TH STREET NW BRADENTON, FL 34209				
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			

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 accurage and the 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 of 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 attacpment with an address, with all others we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

71-161.027