


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 023 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # G09301 1. Entity Name R.D. TUTT AND SON, INC. | | | |  | |
| Principal Place of Business 755 RICHARD ST. SATELLITE BEACH, FL 32937 | | | Mailing Address 755 RICHARD ST. SATELLITE BEACH, FL 32937 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-2240175 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| <div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent MARY L TUTT 755 RICHARD ST. SATELLITE BCH, FL 32937 </div> <div> 7. Name and Address of New Registered Agent Name Charles E. Heim, Jr. Street Address (P.O. Box Number is Not Acceptable) 2040 Highway A1A, Suite 201 City Indian Harbour Beach FL Zip Code 32937 </div> </div> | | | | | |
| 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 <i>Mary L. Tutt</i> DATE 4-21-05 <small>Signature of registered agent and title if applicable. (NOTE: Registered agent must be a resident of the State of Florida.)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST TUTT, MARY L 755 RICHARD ST SATELLITE BCH, FL 00000, 32937 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tutt, Mary L. 755 Richard St. Satellite Beach, FL 32937 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TUTT, MARY L 755 RICHARD STREET SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPST Heim, Jr, Charles E. 2040 Highway A1A, Suite 201 Indian Harbour Beach, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP TUTT, ROBERT C P.O. BOX 254 KIRKLAND, IL 60146 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <i>Mary L. Tutt</i> DATE 4-21-05 Daytime Phone # 321-777-0116 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |