


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # H17163 1. Entity Name SUTTER BUILDING CONTRACTORS, INC. |  |
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|--|--|
| Principal Place of Business 5616 GULF DR NEW PT. RICHEY, FL 34652 US | Mailing Address 5616 GULF DR NEW PT. RICHEY, FL 34652 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2439909 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

SUTTER, SCOTT H
7240 GARDEN GROVE LANE
NEW PORT RICHEY, FL 34652

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000125147 04/22/04-80073-013 75.00 |
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10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST SUTTER, SCOTT H. 7240 GARDEN GROVE LANE NEW PORT RICHEY, FL 34652 |
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U00000125147
04/22/04-80073-014 75.00

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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:  4/15/04 (727) 845-7310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____