## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # H65977 \*

1. Entity Name NUTTER & NUTTER, P.A.



Principal Place of Business

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Mailing Address

% EDWARD W. NUTTER 240 N WASHINGTON BLVD., #430 SARASOTA, FL 34236 % EDWARD W. NUTTER 240 N WASHINGTON BLVD., #430 SARASOTA, FL 34236

## FILED Apr 13, 2005 08:00 AM Secretary of State



| DO NOT WRIT | E IN T | THIS S | PACE |
|-------------|--------|--------|------|
|-------------|--------|--------|------|

04092005 CR2E034 (10/03) No Chg-P

Applied For 4. FEI Number 59-2539221 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

| NUTTER, EDWARD W.<br>240 N. WASHINGTON BLVD.<br>S-430<br>SARASOTA, FL 34236     |   |  | DO NOT WRITE<br>IN THIS SPACE |                                |  |                  |  |
|---|---|--|-------------------------------|--------------------------------|--|------------------|--|
|   | named entity submits this statement for the plons of registered agent.  Signature, typed or printed name of registered agent and title    |  |                               | egistered agent, or bo         | th, in the State of Florida. I am familiar v | vith, and accept |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00   | Election Campaign Finar Trust Fund Contribution. |                               | \$5.00 May Be<br>Added to Fees | U00000301663<br>04/13/05-80038-024           | 150.00           |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT PSD NUTTER, EDWARD W. 240 N. WASHINGTON BLVD. SARASOTA, FL VTD NUTTER, INGRID C. 240 N. WASHINGTON BLVD. SARASOTA, FL | SIORS  |                               | · <b> ·</b> - · - ·            | ·<br>  | _                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   |  |                               |                                | NOT WRITE<br>THIS SPACE                      |                  |  |
| TITLE<br>NAME<br>STREET ADDRESS   |   |  |                               |                                |  |                  |  |

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.