


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M69539	
1. Entity Name FUTRONIX, INC.	

Principal Place of Business 1760 S. DIMENSIONS TERRACE HOMOSASSA, FL 34448 US	Mailing Address 1760 S. DIMENSIONS TERRACE HOMOSASSA, FL 34448 US
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2874995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWBERRY, RANDE W 1760 S. DIMENSIONS TERRACE HOMOSASSA, FL 34448

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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	U000000344307 04/29/05-80130-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JENKINS, NEVIN C 1760 S. DIMENSIONS TERRACE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NEWBERRY, RANDE 1760 S. DIMENSIONS TERRACE HOMOSASSA, FL 34448
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE: Rande Newberry VP. 4/28/05 (352) 795-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #