


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 Mailing Address
 1760 S. DIMENSIONS TERRACE 1760 S. DIMENSIONS TERRACE
 HOMOSASSA, FL 34448 US HOMOSASSA, FL 34448 US

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2874995 Not Applicable

5. Certificate of Status Desired \$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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000344307
 04/29/05-80130-017 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | PD |
| NAME | JENKINS, NEVIN C |
| STREET ADDRESS | 1760 S. DIMENSIONS TERRACE |
| CITY - ST - ZIP | HOMOSASSA, FL 34448 |
| TITLE | VD |
| NAME | NEWBERRY, RANDE |
| STREET ADDRESS | 1760 S. DIMENSIONS TERRACE |
| CITY - ST - ZIP | HOMOSASSA, FL 34448 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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. Date: 4/28/05 Daytime Phone #: (352) 795-0101