


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M69539**  
1. Entity Name  
**FUTRONIX, INC.**



Principal Place of Business <b>1760 S. DIMENSIONS TERRACE HOMOSASSA, FL 34448 US</b>	Mailing Address <b>1760 S. DIMENSIONS TERRACE HOMOSASSA, FL 34448 US</b>
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01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

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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04/29/06-80122-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rande Newberry **Rande Newberry** Date: **4-12-06** (352) District Phone #: **795-0101**