


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90025 012 \*\*\*150.00

<b>DOCUMENT # M95246</b> 1. Entity Name DUTTON HOLDING COMPANY	
--	---

Principal Place of Business 1400 15TH STREET NORTH SUITE 201 IMMOKALEE, FL 33934	Mailing Address 1400 15TH STREET NORTH SUITE 201 IMMOKALEE, FL 33934
---	---

**04003440**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0077373</b>	Applied For 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**

BOARDMAN, THOMAS K. 1400 15TH STREET NORTH, SUITE 201 IMMOKALEE, FL 33934
---

**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: THOMAS K. BOARDMAN 1/15/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	DP BOARDMAN, THOMAS K. 1400 15TH ST, N, STE 201 IMMOKALEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOARDMAN, JENNIFER A. RT 2 BX 134 POLLYWAG PT LA BELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOARDMAN, CYNTHIA J. RT 2 BX 134 POLLYWAG PT LA BELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: Thomas K. Boardman THOMAS K. BOARDMAN 1/15/04 239-657-4418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #