

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M95246

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

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0077373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOARDMAN, THOMAS K.
STREET ADDRESS	1400 15TH ST, N, STE 201
CITY- ST- ZIP	IMMOKALEE, FL
TITLE	DV
NAME	BOARDMAN, JENNIFER A.
STREET ADDRESS	RT 2 BX 134 POLLYWAG PT
CITY- ST- ZIP	LA BELLE, FL
TITLE	DST
NAME	BOARDMAN, CYNTHIA J.
STREET ADDRESS	RT 2 BX 134 POLLYWAG PT
CITY- ST- ZIP	LA BELLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/10/05-80051-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #