

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90048 016 \*\*\*\*61.25

<b>DOCUMENT # N93000001971</b> 1. Entity Name <b>J.U.T.E., INC.</b>					
Principal Place of Business <b>1701 BRISSON AVE SANFORD FL 32771 US</b>			Mailing Address <b>1701 BRISSON AVE SANFORD FL 32771 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3180461</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOHNSON, OMEGA</b> <del>4680 SUSSEX TERRACE</del> <del>SANFORD FL 32771</del>				Name <b>Omega Johnson</b> Street Address (P.O. Box Number is Not Acceptable) <b>543 Carbola Ave</b> City <b>Altamonte Spring FL</b> Zip Code <b>32715</b>	
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 _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD JOHNSON, KIRK <input type="checkbox"/> Delete		TITLE	A/P Sgt Dennis Lemma <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1832 CALIE COURT		NAME	108 Bush Blvd	
STREET ADDRESS	ORLANDO FL 32718		STREET ADDRESS	Seminole Sheriff Office. 32773	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, TESSA		NAME		
STREET ADDRESS	110 CRYSTAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP		
TITLE	PCFO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, SAMUEL		NAME		
STREET ADDRESS	110 CRYSTAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP		
TITLE	EMERILYN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS T		NAME		
STREET ADDRESS	1705 BRISSEN AVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE: <i>Samuel Duncan</i> Samuel Duncan 02/12/04 407-302-8531</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					