

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90004 047 \*\*\*150.00

**DOCUMENT # P00000043662**

**1. Entity Name**  
**NUTSHELL OFFICE PRODUCTIONS, INCORPORATED**



**Principal Place of Business**  
**1595 COPPER FIELD CIRCLE**  
**TALLAHASSEE, FL 32312**

**Mailing Address**  
**1595 COPPER FIELD CIRCLE**  
**TALLAHASSEE, FL 32312**

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008

Chg-P

CR2E034 (12/06)

**4. FEI Number**  
**65-1008625**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCCLEAN, J. PORTER**  
**1595 COPPERFIELD CIRCLE**  
**TALLAHASSEE, FL 32312**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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, 2008 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **MCCLEAN, J. PORTER**  
**STREET ADDRESS** **1595 COPPER FIELD CR**  
**CITY-ST-ZIP** **TALLAHASSEE, FL 32312**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **MCCLEAN, JUANITA**  
**STREET ADDRESS** **1595 COPPER FIELD CR**  
**CITY-ST-ZIP** **TALLAHASSEE, FL 32312**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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.**

*J. Porter* 2/20/08