2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000063487

1. Entity Name
JUTTA CORPORATION

Principal Place of Business	Mailing Address
9420 CR 417 LIVE OAK, FL 32060	9420 CR 417 LIVE OAK, FL 32060

DO NOT WRITE IN THIS SPACE

01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
47-0892020
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEASLEY, SAMUEL J
9420 CR 417
LIVE OAK, FL 32060

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	ALLEN-REASLEY, MARY E
STREET ADDRESS	9420 CTY RD 417
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	V
NAME	LUMPKINS, KATHY
STREET ADDRESS	8274 97TH RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	T
NAME	REASLEY, SAMUEL J
STREET ADDRESS	9420 CTY RD 417
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	S
NAME	LUMPKINS, ROBIN
STREET ADDRESS	8274 97TH RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000015570
01/28/04-80019-019 158.75

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: Samuel Beasley 1-20-04 386 364-4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #