

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90026 044 \*\*\*150.00

40022057



02222005 Chg-P CR2E034 (10/03)

4. FEI Number  
47-0892020

Applied For  
Not Applicable

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

**DOCUMENT # P02000063487**

1. Entity Name  
**JUTTA CORPORATION**



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

Mailing Address  
9420 CR 417  
LIVE OAK, FL 32060

2. Principal Place of Business  
8274 - 97th Road

3. Mailing Address  
8274 - 97th Road

Suite, Apt. #, etc.

City & State  
Live Oak, Florida

City & State  
Live Oak, Florida

Zip  
32060

Country  
U.S.

Zip  
32060

Country  
U.S.

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Robin L. Lumpkin**

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

8274 - 97th Road

City  
Live Oak

FL 32060

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 *Robin L. Lumpkin* February 22, 2005

(NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN-REASLEY, MARY E 9420 CTY RD 417 LIVE OAK, FL 32060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Treasurer Kathy Lumpkin 8274 - 97th Road Live Oak, Florida 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUMPKINS, KATHY 8274 97TH RD LIVE OAK, FL 32060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President and Secretary Robin L. Lumpkin 8274 - 97th Road Live Oak, Florida 32060 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REASLEY, SAMUEL J 9420 CTY RD 417 LIVE OAK, FL 32060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUMPKINS, ROBIN 8274 97TH RD LIVE OAK, FL 32060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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:** *Kathy Lumpkin* February 22, 2005 386-364-6553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #