


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90094 042 ***150.00

DOCUMENT # P02000087695									
1. Entity Name MCCLUTCHEY ENTERPRISES, INC.									
Principal Place of Business 1817 E SILVER SPRINGS BLVD Ocala FL 34470			Mailing Address 1817 E SILVER SPRINGS BLVD Ocala FL 34470						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 01-0741120					
Zip		Country		Zip					
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MCCLUTCHEY, SUSAN 1817 E SILVER SPRINGS BLVD Ocala FL 34470			7. Name and Address of New Registered Agent 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: <i>Susan McCluthey</i> President <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>						
9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>			10. OFFICERS AND DIRECTORS						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME MCCLUTCHEY, SUSAN G STREET ADDRESS 1817 E SILVER SPRINGS BLVD CITY-ST-ZIP OCALA FL 34470 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>			TITLE D NAME MCCLUTCHEY, SUSAN G STREET ADDRESS 1817 E SILVER SPRINGS BLVD CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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Please Send
 this to
 both address.
 Thank you.

| **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:** *Susan McCluthey* **Susan McCluthey as President** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |