

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000054149

1. Entity Name
MUTSY ENTERPRISES, INC.



Principal Place of Business
2037 9TH ST N
NAPLES FL 34102

Mailing Address
5010 14TH AVENUE SW
NAPLES FL 34116



2. Principal Place of Business - No P.O. Box #
2037 9th St N
Suite, Apt. #, etc.

3. Mailing Address Hawthorn Woods Way
5010 14th Ave SW
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Naples FL
Zip 34102 Country USA

City & State
Naples FL
Zip 34116 Country USA

4. FEI Number 43-2015587
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUSE, ROSEMARY
5010 14TH AVENUE SW
NAPLES FL 34116

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 *Rosemary Muse*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-28-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MUSE, ROSEMARY ☐ Delete
STREET ADDRESS 5010 14TH AVE S.W.
CITY - ST - ZIP NAPLES FL 34116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000614815
CITY - ST - ZIP 02/06/07-80045-018 150.00

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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.

SIGNATURE: *Rosemary Muse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-07
Date

Daytime Phone #