2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRE

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P03000121294 04-09-2004 90078 028 ***150.00 SUTTON ENTERPRISES, INC. Principal Place of Business Mailing Address 39142 HARBOR WAY 39142 HARBOR WAY EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) -City & State City & State 4. FEI Number Applied For 33-1074835 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTTON, JEANNE H Street Address (P.O. Box Number is Not Acceptable) 39142 HARBOR WAY EUSTIS FL 32736 City 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) FILE NOW!!! CEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE ☐ Addition NAME SUTTON, JEANNE H NAME STREET ADDRESS 39142 HARBOR WAY STREET ADDRESS EUSTIS FL 32736 CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE 🗷 Change ☐ Addition BRETT A. SUTTON 39142 HARBOR WAY NAME BRETT A. SUTTON STONE AND MASONRY NAME 39142 HARBOR WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32736 CITY-ST-ZIP ☐ Delete TITLE SEC. TITLE Change Addition NAME - -SUTTON, KYLIE A- =-MAME STREET ADDRESS 39142 HARBOR WAY STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32736 CITY-ST-ZIP TITI F Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED