2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: La

ANNUAL REPORT (AR)					FILED			
DOCUMENT # P03000121294 1. Entity Name					May 02, 2005 08:00 AM Secretary of State			
SUTTON	ENTERPRISES, INC.						V	
Principal Plac	ce of Business .	Mailing Address			1			
39142 HARBOR WAY EUSTIS FL 32736		39142 HARBOR WAY EUSTIS FL 32736						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc			15	st MOORE	CR2E034 (10/0	4)
City & State		City & State		4. FEI Numb	^{per} 33-107483	5	Applied For Not Applicat	
Zip	Country	Zip	Countr	У	5. Certificate	e of Status Desired	☐ \$8.75 Fee Re	5 Additional equired
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and	d Address of New	Registered Agent	
391	FTON, JEANNE H 42 HARBOR WAY STIS FL 32736				P.O Box Numb	er is Not Acceptabl	(e)	
200	5110 Y E 3E 7 30			City			FL Zip	 Code
8. The above	a named entity submits this statemen	nt for the purpose of changing its	registerer	d office or register	ed agent or bo	oth in the State of FI	,	with and sone
the obliga	tions of registered agent,			·	ca agom, o. ba	-	orida, Tam lamilar	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	E Registered	Agent signature required	when reinstating)		DATE	- 4-
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550 k Payable to Florida Departmen	0.00				 Election Camp Trust Fund Col 	· <u>·</u>	\$5.00 May E
10.	•	ND DIRECTORS	11.		AUDITIONS	CHANGES TO GE	FICERS AND DIREC	TODS IÑI 11
HILE	Р	☐ Delete	THE		ADDITIONS,		Cha	
NAME STREET ADDRESS CITY-ST-ZIP	SUTTON, JEANNE H 39142 HARBOR WAY EUSTIS FL 32736		NAME STREET CITY-S	ADDRESS 1-Zip		U000003: 05/03/05-8i	54047 0091-023 15	
TITLE	VP	☐ Deiete	HILE				☐ Cha	ange 🔲 Additio
NAME STREFT ADDRESS	SUTTON, BRETT A 39142 HARBOR WAY		NAME JIREET	ADDRESS				
City St-ZIP	EUSTIS FL 32736		CHY-S	i-tP				
TITLE NAME	SEC. SUTTON, KYLIE A	☐ Delete	IULE NAME				☐ Cha	inge 🔲 Additio
STREET ADDRESS	39142 HARBOR WAY			ADDRESS				
CITY-ST-ZIP	EUSTIS FL 32736		CITY-S	T - ZIP				
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NAME ETRICI ADDRESS			NAME					
STREET ADDRESS : CITY-ST_ZIP			CITA-2.	ADDRESS 1. 7/P				
THE		☐ Delete	TITLE				Cha	inge 🔲 Additio
NAME		Duote	NAME	ļ				1194
STREET ADDRESS				AODRESS				
CITY-ST-ZIP			- CITY-S	1-7IP				
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STREET ADDRESS				ADDRESS				
CHY+SI+ZIP			CHY-S	T ZIP				
12. I hereby o	certify that the information supplied on this report or supplemental repo	with this filing does not qualify for	the exemp	otion stated in Sec	tion 119.07(3)(i), Florida Statutes.	I further certify that t	the information
or the cor	on this report or supplemental reportation or the receiver or trustee er	mpowered to execute this report a	ıy sıgıratür as require	d by Chapter 607,	ame regar errec Florida Statute	s, and that my nam	оаит, итат га <mark>m an of</mark> e appears in Block	ncer or airector 10 or Block 11 i
changed,	or on an attachment with an addres	Samu all other like empowered.		11 6				-

Jeanne H. Sutton 4/29/05