## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2008 08:00 AN Secretary of State **DOCUMENT # P04000001738** 1. Entity Name BARRY TUTTLE, INC. Principal Place of Business Mailing Address 1189 CARISSA PLACE BARRY TUTTLE, INC. MELBOURNE, FL 31935 1189 CARISSA PLACE MELBOURNE, FL 32935 No Chg-P CR2E034 (11/05) 02212008 Applied For 4. FEI Number 05-0594515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUTTLE, BARRY 1189 CARISSA PLACE MELBOURNE, FL 31935 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 04/15/08-80051-005 150.00 D TITLE **TUTTLE, BARRY** NAME 1189 CARISSA PLACE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 31935 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 exemptions contained in Chapter 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.

**FILED**