


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90048 035 \*\*\*158.75

<b>DOCUMENT # P04000026460</b>	
1. Entity Name <b>SUTTON CONTRACTORS, INC.</b>	

Principal Place of Business <b>7526 SNYDER DR ORLANDO, FL 32822</b>	Mailing Address <b>7526 SNYDER DR ORLANDO, FL 32822</b>
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**50032516**



2. Principal Place of Business <b>2570 Bancroft Blvd</b>	3. Mailing Address <b>2570 Bancroft Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212005 Chg-P CR2E034 (10/03)

City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32833</b>	Zip <b>32833</b>
Country <b>Orange</b>	Country <b>Orange</b>

4. FEI Number <b>16-1691410</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SUTTON, RICHARD 7526 SNYDER DR ORLANDO, FL 32822</b>	
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7. Name and Address of New Registered Agent	
Name <b>Michelle Sutton</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2570 Bancroft Blvd</b>	
City <b>Orlando</b>	FL Zip Code <b>32833</b>

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 **Michelle Sutton VP** (NOTE: Registered Agent signature required when reinstating) **3/22/05**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV SUTTON, RICHARD 7526 SNYDER DR ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer, Vice President Sutton, Michelle 2570 Bancroft Blvd Orlando, FL 32833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michelle Sutton** **3/22/05** **(907) 568-8754**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #