

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 011 ***158.75

DOCUMENT # P04000042781 1. Entity Name LOUISE CREEL DUTTON, INC.			
Principal Place of Business 3261 W ST. BRIDES CIR ORLANDO, FL 32812		Mailing Address 3261 W ST. BRIDES CIR ORLANDO, FL 32812	
2. Principal Place of Business 14515 Kristinright Lane <small>Suite, Apt. #, ETC.</small>		3. Mailing Address 14515 Kristinright Lane <small>Suite, Apt. #, ETC.</small>	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32826	Country U.S.A.	Zip 32826	Country U.S.A.
4. FEI Number 20-0874115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		01052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DUTTON, LOUISE CREEL 3261 W ST. BRIDES CIR ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPST	NAME DUTTON, LOUISE CREEL	<input type="checkbox"/> Delete	
STREET ADDRESS 3261 W ST. BRIDES CIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL 32812			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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: <i>Louise Creel Dutton</i>		3.14.05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	