2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 05, 2006 8:00 am Secretary of State **DOCUMENT # P04000086538** 09-05-2006 90023 035 ***550.00 1. Entity Name TUTEN DISTRIBUTING, INC Principal Place of Business Mailing Address 6003831g 2100 E. HARLEY ST. 2100 E. HARLEY ST. INVERNESS, FL 34453 INVERNESS, FL 34453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 06132006 Cha-P City & State City & State 4. FEI Number Applied For 34-1997308 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TUTEN, PAMELA K Street Address (P.O. Box Number is Not Acceptable) 2100 E. HARLEY ST. INVERNESS, FL 34453 City Zip Code 8. The about ent 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 oblig SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00-9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Addition Delete TITLE Change NAME TUTEN PAMELAK NAME STREET ADDRESS 2100 E. HARLEY ST. STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34453 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete 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-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP is filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 12. I hereby certify that the Inform ion supplied with indicated on this report of the corporation or U ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct ered to execute thi<u>s</u> report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed or on an a

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ATTACHMENT 6038316

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Electronic Filing

Sunbiz E-file Account Deposit Slip

Check Number: 1/08 Check Amount: 300
Sunbiz E-file Account Number: P04000086538
Account Name: Tuten Distributing Inc.
Mailing Address: 2100 E Har Ley St
City: INVEINESS State: EL ZiBY453
Phone: 352 6377270 Fax: (
Contact Person Pamela Tuter
Signature: Tamele Julio

Note

Make checks payable to: Florida Department of State

Each check for deposit must be a minimum of \$300.

A Sunbiz E-file Account deposit slip should accompany each check submitted.

Mailing Address

Division of Corporations Public Access Accounts P.O. Box 6327 Tallahassee, FL 32314

Courier Address

Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Electronic Filing

Sunbiz E-file Account Application

Account Name:	llen Distrib	outing. Inc
E-mail Address: (U		9
Mailing Address:	OUE Hal	leyst
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City:	vecress	State Zip:34453
	302_8134 Fa	
Contact Person	rela Tut	ur
Signature OV	nee tits	-
Password:	snacks	
(minimum	length - 4 character	s, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing Address

Division of Corporations Public Access Accounts P.O. Box 6327 Tallahassee, FL 32314

Courier Address

Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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