

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-28-2005 90174 039 ***150.00

DOCUMENT # P04000145517					
1. Entity Name DUTCH OVEN, INC.					
Principal Place of Business 4000 GULF OF MEXICO DR SARASOTA, FL 34228			Mailing Address 4000 GULF OF MEXICO DR SARASOTA, FL 34228		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2915988	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA RD SOUTH SARASOTA, FL 34233			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when handling)</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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIKIAS, HARRY <input type="checkbox"/> Delete 4000 GULF OF MEXICO DR SARASOTA, FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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, 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 info empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/05 <small>Date</small>			

66021738



04122005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2915988

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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(NOTE: Registered Agent signature required when handling)

DATE

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Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

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OFFICERS AND DIRECTORS

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CITY-ST-ZIP

D
NIKIAS, HARRY
4000 GULF OF MEXICO DR
SARASOTA, FL 34228

☐ Delete

TITLE

NAME

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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

Daytime Phone #