## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGN

Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P05000007542 JAMÉS SUTTON HOME IMPROVEMENT, INC. Mailing Address Principal Place of Business 4307 SCAWTHORN DR 4307 SCAWTHORN DR TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2220373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MANAUSA, DANIEL E 3520 THOMASVILLE RD 4TH FLOOR IN THIS SPACE TALLAHASSEE, FL 32309 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. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SUTTON, JAMES 4307 SCAWTHORN DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP-12. I nereby certify that the information supplied with this filling does not quality 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

NG OFFICER OR DIRECTOR

**FILED**