

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000070099	
1. Entity Name SUTTON CONSULTING INC.	
Principal Place of Business 810 NEW SHADOWWOOD COURT APOPKA, FL 32712	Mailing Address 810 NEW SHADOWWOOD COURT APOPKA, FL 32712



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3804396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, TOMMY
810 NEW SHADOWWOOD COURT
APOPKA, FL 32712**

**DO NOT WRITE
IN THIS SPACE**

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

Tommy Sutton
Signature typed or printed name of registered agent and title if applicable

TOMMY SUTTON

(NOTE: Registered Agent signature required when reinstating)

3/08/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	SUTTON, TOMMY
NAME	
STREET ADDRESS	810 NEW SHADOWWOOD COURT
CITY - ST - ZIP	APOPKA, FL 32712

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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03/26/08-80064-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tommy Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMMY SUTTON

3/08/08

DATE

407-340-5027

DAYTIME PHONE #