

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90017 027 \*\*\*150.00

**DOCUMENT # P05000078938**



1. Entity Name  
**THE FUTCH GROUP, INC**

Principal Place of Business  
**1345 INDUSTRIAL PARK ROAD  
MULBERRY, FL 33860**

Mailing Address  
**1345 INDUSTRIAL PARK ROAD  
MULBERRY, FL 33860**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-2922817**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUTCH, CARSON A  
3680 SWINDELL ROAD  
PLANT CITY, FL 33565**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$450.00  
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	<input type="checkbox"/> Delete
NAME	FUTCH, CARSON A	
STREET ADDRESS	3680 SWINDELL ROAD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	P	<input type="checkbox"/> Delete
NAME	FUTCH, CARSON A	
STREET ADDRESS	3680 SWINDELL ROAD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOYCE, JAMES R	
STREET ADDRESS	1345 INDUSTRIAL PARK ROAD	
CITY-ST-ZIP	MULBERRY, FL 33560	
TITLE	S	<input type="checkbox"/> Delete
NAME	FUTCH, SUSANNA H	
STREET ADDRESS	3680 SWINDELL RD.	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Futch, Carson A.	
STREET ADDRESS	3680 Swindell Rd	
CITY-ST-ZIP	Plant City FL 33565	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Futch, Susanna H	
STREET ADDRESS	3680 Swindell Rd	
CITY-ST-ZIP	Plant City FL 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/08 863-425-5972