


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000001500 1. Entity Name NATUCK ENTERPRISES, INC.	
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Principal Place of Business 11291 PARK BLVD. SEMINOLE, FL 33772 US	Mailing Address 11291 PARK BOULEVARD SEMINOLE, FL 33772 US
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3162368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD
SEMINOLE, FL 34642

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUETT, JILL D 11291 PARK BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATUCK, KAREN L 11291 PARK BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATUCK, ROBERT M 1129 PARK BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUETT, EDWARD L 11291 PARK BLVD. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/05-80030-019 150.00

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 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: *Jill Huett* *Jill Huett* **4/11/05** **(27)392-4306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #