


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 049 ***150.00

DOCUMENT # P94000065997	
1. Entity Name JUTRAS & JUTRAS, P.A.	

Principal Place of Business 433 SEBASTIAN BLVD SEBASTIAN, FL 32958 US	Mailing Address 433 SEBASTIAN BLVD SEBASTIAN, FL 32958 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
JUTRAS, GEORGE A JR. 881 ROBIN LANE SEBASTIAN, FL 32958	

4. FEI Number 65-0520418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JUTRAS, GEORGE A JR. 881 ROBIN LANE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

Orian Wells

40098626
P94000065997

Certified Public Accountants
1216 Northwest 13th Street
Gainesville, FL 32601
Phone: 352.374.6789
Fax: 352.374.6645

April 24, 2007

Dear Client,

As of the date of this letter, we have found that you have not yet filed your corporation's or LLC's Annual Report with the State of Florida. For your convenience, we have enclosed a copy for you to file. This report is due on or before May 1, 2007. You should make any appropriate changes regarding officers and /or directors on this form in the lower right hand section of the form. **Please sign the report at the bottom where indicated and attach your corporate check in the amount of \$150.00 payable to THE FLORIDA DEPARTMENT OF STATE.** Please mail the report on or before May 1, 2007 to the address as follows:

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Please remember to affix the proper postage (\$0.39) and mail it on or before May 1, 2007. Please keep in mind that if the report is filed after May 1st, there is a \$400.00 penalty.

If you have any questions, please feel free to call me at 352-374-6789.

Sincerely,


Jerry Maurer - Accounting Manager
Orian Wells & Company PA, CPA's