2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

ANNOAL ILLI OILI							secretary of State						
DOCUMENT # P96000027930 1. Entity Name THE NUTHOUSE, INC.								04-22-2004 90044 041 ***150.00					
Principal Place of Business				Mailing Address									
4848 TAMIAMI TRAIL				4848 TAMIAMI TRAIL									
CHARLOTTE HARBOR, FL 33980				CHARLOTTE HARBOR, FL 33980									
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2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04202004	,	Chg-P	CBSEC	34 (10/03)	
City & State			+	City & State			:	4. FEI Numt		g ·		· · · · · · · · · · · · · · · · · · ·	oplied For
Zip Country			-	Zip Coun			65-0655057				ot Applicable		
	·					~~~~~		5. Certificate				\$8.75 Add Fee Require	ditional d
	6. Name	and Address of Current	Regis	·			7. Name and Address of New Registered Agent						
KELLY, EDNA M						Name Street Address (P.O. Box Number is Not Acceptable)							
608 WEST OLYMPIA AVENUE PUNTA GORDA, FL 33950						Street Address (P.O. Box Number is Not Acceptal					,		
						City					FL	Zip Cod	le
6 The share						-46			- 11- 1- 11	h - 01-44-51		• 	
	named entity ions of regist	y submits this statement fi ered agent.	or trie p	ourpose of changing its	registere	ed Office or	register	ed agent, or bo	otri, in ti	ne State of Flor	no:a. Iam	tamiliar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agen	t and title	il apolicable. (NOTE	: Registere	d Agent signat	beriuper en.	when reinstalling)			DATE		
									Т				
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution						ncing	\$5. Add	00 May Be ed to Fees					
10. OFFICERS AND				DIRECTORS 11.				ADDITIONS	I VCHAN	IGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	P			☐ Delete	TITLE	:	P-7	r-6				Change	Addition
NAME	KELLY, E	DNA M		T Détété	NAM		EDI	VÁN	١K	ELLY A		Day Orlange	
STREET ADDRESS	1					et address	408	W O	LVA	IPIA' A	VE		
CITY-ST-ZIP	PUNTA GORDA, FL				4	-ST-ZIP	Pus	UTA G	000	A FL	3	3950	
TITLE	VP			Delete	TITLE	:	V					☐ Change	Addition
NAME	THOMPS	ON. C.M.		y Donote	NÁM		70	HN P	CH	ASE J	R) Land I would be
STREET ADDRESS	3421 MAPLE TERRACE				•	et address	112	60 RU	AY	L ROA	D		
CITY-ST-ZIP	PORT CHARLOTTE, FL				CITY	-ST-ZIP		UTA G	OR	DA FR	3	3955	•
TITLE				☐ Delete	TITLE		1				<u> </u>	☐ Change	☐ Addition
NAME					NAM		İ						
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITLE							Change	☐ Addition
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STREET ADDRESS					STRE	ET ADDRESS	ŀ						
CITY-ST-ZIP					CITY	-ST-ZIP							
IIILE				☐ Delete	TITLE							☐ Change	Addition
NAME					NAM	E						J	
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP	<u> </u>						
TITLE				☐ Delete	TITLE							Change	☐ Addition
NAME					NAM	Ε	[
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
12. hereby d	certify that the	e information supplied wit	h this fi	iling does not qualify for	the exe	mption stat	ted in Se	ction 19.07(3)(i), Floi	rida Statutes. I	further ce	rtify that the i	nformation
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												r or director	
changed.	or on an atta	achment with an address.	with al	rother like empowered.		, -/				, , , , , , , , , , , ,			

4-20-04 Date