


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000090578 1. Entity Name DAVID UTLEY ENTERPRISES INC.	
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Principal Place of Business 4 MAGNOLIA ST FLAGLER BEACH, FL 32316 US	Mailing Address 4 MAGNOLIA ST FLAGLER BEACH, FL 32136 US
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

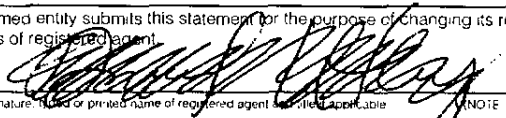
4. FEI Number 59-3409364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UTLEY, DAVID
4 MAGNOLIA ST
FLAGLER BCH, FL 32136**

**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:  **4/2/2004**
Signature: Typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

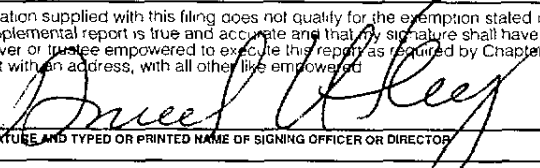
04/05/04 80035-010 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P UTLEY, DAVID 4 MAGNOLIA ST FLAGLER BCH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST UTLEY, MARY 4 MAGNOLIA ST FLAGLER BCH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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:  **4/2/04 3864394253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR