


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90031 046 ***150.00

DOCUMENT # P97000039667 1. Entity Name ROGER NUTT, INC.					
Principal Place of Business 120 IMPERIAL HGTS. DR. ORMOND BEACH, FL 32176			Mailing Address 120 IMPERIAL HGTS. DR. ORMOND BEACH, FL 32176		
2. Principal Place of Business 2587 JOHN ANDERSON DR Suite, Apt. #, etc.		3. Mailing Address 2587 JOHN ANDERSON DR Suite, Apt. #, etc.			
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL		4. FEI Number 59-3455707	
Zip 32176		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUTT, JANET KAYE 129 IMPERIAL HEIGHTS DRIVE ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name JANET KAYE NUTT Street Address (P.O. Box Number is Not Acceptable) 2587 JOHN ANDERSON DR. City ORMOND BEACH FL Zip Code 32176		
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 <i>Janet K. Nutt</i> JANET K. NUTT S 1-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROGER L NUTT 129 IMPERIAL HEIGHTS DR ORMOND BCH, FL 32176 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2587 JOHN ANDERSON DR ORMOND BEACH FL 32176	
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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 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: <i>Janet K. Nutt</i> JANET K. NUTT S 1-19-05 (386) 4415852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					