2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 05, 2007 08:00 A DOCUMENT # P98000106634 **Secretary of State** 1. Entity Name JASON TUTTLE, INC. Principal Place of Business Mailing Address 1686 JEWEL BOX 1686 JEWEL BOX NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 59-3548558 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUTTLE, JASON Street Address (P.O. Box Number is Not Acceptable) 1686 JEWEL BOX NAPLES FL 34102 Zip Code City 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 egent and trile / applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PVST** IIILE Delete TITLE ☐ Change ☐ Add₁tion TUTTLE, JASON NAME NAME U00000656991 1686 JEWEL BOX AVE STREET ADDRESS STREET ADDRESS 03/14/07-80048-004 150.00 NAPLES FL 34102 CITY-ST-ZIP CITY+ST-ZIP CMD THIE ☐ Defete HHE Change Addition TUTTLE, JASON NAME NAMI: 1686 JEWEL BOX AVE STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-SI-ZIP CITY+SI-ZIP Delcie THE HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TILLE Change ☐ Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAML STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

CITY-ST-7IP

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