

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-09-2004 90017 012 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P99000034934					
1. Entity Name KUTHAN ENTERPRISES, INC.					
Principal Place of Business 2378 PINE ISLAND CT JACKSONVILLE FL 32224			Mailing Address 2378 PINE ISLAND CT JACKSONVILLE FL 32224		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3571293				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LATSHAW, JOHN H JR 3010 S 3RD ST JACKSONVILLE BEACH FL 32250				Name BUD KUTHAN	
				Street Address (P.O. Box Number is Not Acceptable) 2378 PINE ISLAND CT	
				City JACKSONVILLE FL 32224	
				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 <i>Clarence Kuthan</i>		SIGNATURE <i>BUD KUTHAN</i>		DATE 1-26-04	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> Delete			
NAME	KUTHAN, CLARENCE				
STREET ADDRESS	2378 PINE ISLAND CT				
CITY-ST-ZIP	JACKSONVILLE FL 32224				
TITLE	VSD	<input type="checkbox"/> Delete			
NAME	KUTHAN, LINDA				
STREET ADDRESS	2378 PINE ISLAND CT				
CITY-ST-ZIP	JACKSONVILLE FL 32224				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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>Clarence Kuthan</i>		SIGNATURE: <i>BUD KUTHAN</i>		Date 1-25-04 Daytime Phone # 904 9922300	
Signature and typed or printed name of signing officer or director		Signature and typed or printed name of signing officer or director			
<i>Clarence Kuthan</i> CLARENCE KUTHAN		<i>BUD KUTHAN</i>			