

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000075282

1. Entity Name
SUTTON TRUCKING INC.



Principal Place of Business
**4827 SE APACHE DR.
ARCADIA, FL 34266**

Mailing Address
**4827 SE APACHE DR.
ARCADIA, FL 34266**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0939818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, BARBARA
4827 SE APACHE DR.
ARCADIA, FL 34266**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

000000154650
05/05/04-80005-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------|
| TITLE | D |
| NAME | SUTTON, BARBARA |
| STREET ADDRESS | 4827 SE APACHE DR. |
| CITY - ST - ZIP | ARCADIA, FL 34266 |
| TITLE | D |
| NAME | SUTTON, TONY W |
| STREET ADDRESS | 4827 SE APACHE DR. |
| CITY - ST - ZIP | ARCADIA, FL 34266 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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)(f), 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: *Barbara Sutton, V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 863-990-1562

Date

Daytime Phone #