2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # S99350 1. Entity Name DUTCH HUT CORPORATION										(04 -3 0	-2004	90374	4 032 ***	150.00
Principal Place of Business 405 PIEDMONT DRIVE TALLAHASSEE, FL				Mailing Address 3127 SHARER ROAD TALLAHASSEE, FL 32312				. <u>.</u>	45.6	=u=					
Principal Place of Business				3. Mailing Address				,							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				0220	2004	(hg-P		CR2E	034 (10/03)	
City & State			7 0	City & State				4. FEI 59		er 1051	 I				pplied For ot Applicable
Zip	Zip Country			Zip Coun			5. Certificate of Status Desired S8.75 Additi								
Name and Address of Current Registered Agent								7. Nar	ne and	Addr	ess of I	lew Re	gistered	Agent	
HOLLAND, CHARLES JACKSON 405 PIEDMONT TALLAHASSEE, FL 32312						Name Street Address (P.O. Box Number is Not Acceptable)									
					City	y FL Zip							Zip Cod	de	
	named entitions of regist	y submits this statement ered agent.	for the pu	rpose of changing its	registere	ed office or	register	ed agen	t, or bo	th, in t	he State	of Flori			, and accept
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if a	applicable. (NOTI	E: Registered	d Agent signatu	re required	when reinst	abng)			•	DATE		
		FEE IS \$150.00 4 Fee will be \$550	0.00	9. Election Campa Trust Fund Cont		naing		00 May			<u>.</u>			- 14 7	· · ·
10.		OFFICERS AN	D DIRECT	ORS	11.			ADDI	TIONS	/CHAN	IGES TO	OFFIC	ERŞ AN	D DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	405 PIED), CHARLES JACKSO MONT SSEE, FL)N	☐ Delete			-	_		- /	-			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ	ARA FRANCES H. SE BAYOU RD. CITY FI		☐ Defete		I	PKON 33	27E, 209	SAG	RA PUA GG	FRA	NCES DGE	> ルル こ 尺) ろこ	Change Change	☐ Addition
TITLE NAME	D HOLLANI 3127 SHA), JAMES BUFORD		Delete	TITLE NAMI STRE			_	-					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		J			`				···	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		,								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i								☐ Change	☐ Addition
or the cor	poration of t	e information supplied wi rt or supplemental report he receiver or trustee em achment with an address	Dowered	to execute this report	as recuii	mption state ture shall ha red by Cha	ed in Se ave the s pter 607	ction 119 same leg	9.07(3) al effec Statute	(i), Flor ct as if es; and	ida Stat made u i that m	utes. I fr inder oa y name	urther ce ith; that I appears	ertify that the i am an office in Block 10 c	information r or director or Block 11 if