

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099526

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: COLSON'S CUSTOM CUTS, INC.

**Current Principal Place of Business:**

385 LOBLOLLY BAY DRIVE  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

385 LOBLOLLY BAY DRIVE  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 26-0878784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHESSER, MIKE  
36468 EMERALD COAST PARKWAY  
SUITE 7102  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COLSON, DARRYL J  
Address: 385 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP ( ) Delete  
Name: COLSON, ROBIN  
Address: 385 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: TREA ( ) Delete  
Name: COLSON, ROBIN  
Address: 385 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN COLSON

VP

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date