

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099526

**FILED**  
**Mar 02, 2010**  
**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  
Name: COLSON, DARRYL J  
Address: 385 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBIN COLSON

VP

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date