


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90079 001 \*\*\*150.00

**DOCUMENT # 610193**

1. Entity Name  
 CUTTING CORNERS, INC.



Principal Place of Business  
 900 S ORLANDO AVE  
 WINTER PARK, FL 32789 US

Mailing Address  
 900 S ORLANDO AVE  
 WINTER PARK, FL 32789 US

2. Principal Place of Business  
 1177 Louisiana Ave  
 Suite, Apt. #, etc.  
 Ste 211

3. Mailing Address  
 1177 Louisiana Ave  
 Suite, Apt. #, etc.  
 Ste 211

City & State  
 Winter Park FL


City & State  
 Winter Park FL

Zip  
 32789

Country  
 USA

Zip  
 32789

Country  
 USA



01272005 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3146072

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CUTTING, LOUISE M  
 1667 BARCELONA WAY  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTTING, LOUISE M 1667 BARCELONA WAY WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 4/27/05 DAYTIME PHONE #: 407-740-7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR