2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State
04-07-2005 90018 002 ***158.75

DOCUMENT # H05519

1. Entity Name
CUTILLO & DAVIS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~8416 LITTLE SECENIC LANDE~~ 3653 Cagney Dr. TALLAHASSEE, FL ~~32308~~ 32309 US	% ROBERT B. DAVIS ~~8416 LITTLE SCENIC LANE~~ 3653 Cagney Dr. TALLAHASSEE, FL ~~32308~~ 32309 US

2. Principal Place of Business		3. Mailing Address	
3653 Cagney Dr.		3653 Cagney Dr.	
Suite, Apt. #, etc.: 205		Suite, Apt. #, etc.: 205	
City & State: Tallahassee, FL		City & State: Tallahassee, FL	
Zip: 32309	Country: US	Zip: 32309	Country: US

01052005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2412549 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, ROBERT B. 8416 LITTLE SCENIC LN TALLAHASSEE, FL 32308	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 ____________________
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, 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	P DAVIS, ROBERT B. ~~8416 LITTLE SCENIC LANE~~ 3653 Cagney Dr. suite 205 TALLAHASSEE, FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #