


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 28, 2004 08:00 AM  
Secretary of State

DOCUMENT # H64455	
1. Entity Name CUTOUTS, INC.	

Principal Place of Business 400 71ST AVE ST PETE BCH, FL 33706 US	Mailing Address 400 71ST AVE ST PETE BCH, FL 33706 US
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**DO NOT WRITE IN THIS SPACE**



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2551456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BETSY T. SMITH  
400 71 AVE  
ST PETE BEACH, FL 33706

**DO NOT WRITE IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000134491 04/28/04-80022-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BETSY T 400 71 AVE ST PETE BEACH, FL
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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)(f), 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 life empowered.

SIGNATURE: Betsy T. Smith BETSY T. SMITH 4-25-04 727-367-018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #