

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J69445

1. Entity Name
CUTZGRAS, INC.



FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90005 050 ***150.00

Principal Place of Business
% DENNIS JONTOS
1424 ACHILLES ST
PORT CHARLOTTE, FL 33980

Mailing Address
% DENNIS JONTOS
1424 ACHILLES ST
PORT CHARLOTTE, FL 33980



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2804884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONTOS, MARK
1424 ACHILLES ST
PORT CHARLOTTE, FL 33980

**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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOP JONTOS, DENNIS 1424 ACHILLES ST PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOP JONTOS, PATRICIA 1424 ACHILLES ST PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOP JONTOS, MARK 1424 ACHILLES ST PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOP JONTOS, LAURA 1424 ACHILLES ST PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Mark Jontos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK JONTOS

1/27/04

Date

941-624-4818

Daytime Phone #