

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # J69445**

1. Entity Name  
**CUTZGRAS, INC.**



Principal Place of Business

% DENNIS JONTOS  
1424 ACHILLES ST  
PORT CHARLOTTE, FL 33980

Mailing Address

% DENNIS JONTOS  
1424 ACHILLES ST  
PORT CHARLOTTE, FL 33980



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2804884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2006 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000385267  
01/18/06-80010-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*1/11/2006*

Date

*941-624 4818*

Daytime Phone #