

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 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



01032007 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000587999
01/17/07-80054-008 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

(941) 624-4818

Daytime Phone #