

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 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**

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

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

Mark Jontos President

(NOTE: Registered Agent signature required when reinstating)

2/4/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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	

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02/15/08-80062-002 150.00

**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

2/4/08

DATE

941-624-4818

Daytime Phone #