

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J69445

Entity Name: CUTZGRAS, INC.

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1424 ACHILLES ST  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

1424 ACHILLES ST  
PORT CHARLOTTE, FL 33980

**New Mailing Address:**

FEI Number: 59-2804884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONTOS, MARK  
1424 ACHILLES ST  
PORT CHARLOTTE, FL 33980 US

**Name and Address of New Registered Agent:**

JONTOS, MARK A  
1424 ACHILLES ST  
PORT CHARLOTTE, FL 33980 US

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.

SIGNATURE: MARK A JONTOS

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCOP  
Name: JONTOS, DENNIS  
Address: 1424 ACHILLES ST  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DCOP  
Name: JONTOS, PATRICIA  
Address: 1424 ACHILLES ST  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DCOP  
Name: JONTOS, MARK A  
Address: 1424 ACHILLES ST  
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK A JONTOS

DCOP

02/09/2012

Electronic Signature of Signing Officer or Director

Date