

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90297 034 ***150.00

DOCUMENT # K06259

1. Entity Name
BRANDON CUTTERS, INC.



Principal Place of Business
**C/O CLIFTON C. CURRY
750 W. LUMSDEN ROAD
BRANDON, FL 33511 US**

Mailing Address
**C/O CLIFTON C. CURRY
750 W. LUMSDEN ROAD
BRANDON, FL 33511 US**

50043217

2. Principal Place of Business
Brandon Cutters, Inc.
Suite, Apt. #, etc.
10051 E. Adamo Dr.
City & State
Tampa 33619
Zip Country

3. Mailing Address
10051 E. Adamo Dr.
Suite, Apt. #, etc.
Tampa Fl. 33619
City & State
Tampa
Zip Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2886412
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CURRY, CLIFTON C.
750 W. LUMSDEN ROAD
BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005 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
**DP
MITSKEWICZ, THUY TIEN
1105 CLASSIC DR. 13108 Heata Place
VALRICO, FL Riverview, Fl. 33569**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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: **Thuy-Tien Mitskewicz** **2-8-05 (813) 681-6626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #