

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004425

**FILED**  
**Mar 08, 2007**  
**Secretary of State**

**Entity Name:** DAVE'S SOUTHERN CUTS INC.

**Current Principal Place of Business:**

18190 46TH CT N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

18190 46TH CT N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 65-0973111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAGAN, DAVID  
18190 46TH CT N  
LOXAHATCHEE, FL 33470 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: FAGAN, DAVID  
Address: 18190 46TH CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SV ( ) Delete  
Name: FAGAN, ERIKA  
Address: 18190 46TH CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERIKA FAGAN

SV

03/08/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date