

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 14, 2004 8:00 am
Secretary of State**

04-26-2004 90577 022 ***150.00

DOCUMENT # P01000090181

1. Entity Name

BRETT CUTLER, D.P.M., P.A.



Principal Place of Business

**105 SOUTH PARK BLVD., SUITE A103
ST. AUGUSTINE, FL 32086**

Mailing Address

**105 SOUTH PARK BLVD., SUITE A103
ST. AUGUSTINE, FL 32086**

66421914



03232004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3744192

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CUTLER, BRETT

**105 SOUTH PARK BLVD., SUITE A103
ST. AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

3. 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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PSTD
CUTLER, BRETT
105 SOUTH PARK BLVD., SUITE A103
ST. AUGUSTINE, FL 32086

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brett Cutler DPM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/04 904-824-0869