


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000108345 1. Entity Name CUTTER LIMITED, INC.	
---	---

Principal Place of Business 585 CUTTER LANE LONGBOAT KEY, FL 34228	Mailing Address 1800 SECOND STREET SUITE 714 SARASOTA, FL 34236
--	---

DO NOT WRITE IN THIS SPACE



03052003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1152641	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent NAMACK, WILLIAM H III 1800 SECOND STREET SUITE 714 SARASOTA, FL 34236	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 _____
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST METEA, REBECCA L 41 POWERS ROAD HOLLIS, NH 03049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAYART, SUSAN E 11750 LAKE SHORE DRIVE GRAND HAVEN, MI 49417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIDLEY, PATRICIA A 120 IONE DRIVE, UNIT A SOUTH ELGIN, IL 60177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000160676
05/17/04-80008-025 150.00

**DO NOT WRITE
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Susan E. Stayart** **Myra E. Stayart** **8463831156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:16 Phone 4