


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90103 012 ***150.00

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|--|--|----------------------------|--|---|--|
| DOCUMENT # P01000108345 1. Entity Name CUTTER LIMITED, INC. | | | |  | |
| Principal Place of Business 585 CUTTER LANE LONGBOAT KEY FL 34228 <i>837 Faulkwood Ct</i> <i>Sarasota FL 34232</i> | | | Mailing Address 1800 SECOND STREET SUITE 714 SARASOTA FL 34236 | | |
| 2. Principal Place of Business <i>837 Faulkwood Ct</i> Suite, Apt. #, etc. <i>Sarasota FL 34232</i> | | | 3. Mailing Address <i>Same</i> Suite, Apt. #, etc. | | |
| City & State <i>Sarasota</i> | | | City & State <i>Sarasota</i> | | |
| Zip <i>34232</i> | | Country <i>Sarasota</i> | | 4. FEI Number 65-1152641 | |
| 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 | | | 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 <i>Myron S. Elliott</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST METEA, REBECCA L 41 POWERS ROAD HOLLIS NH 03049 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STAYART, SUSAN E 11750 LAKE SHORE DRIVE GRAND HAVEN MI 49417 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHIDLEY, PATRICIA A 120 IONE DRIVE, UNIT A SOUTH ELGIN IL 60177 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M ELLIOTT, MYRON 585 CUTTER LANE <i>837 Faulkwood Ct</i> LONGBOAT KEY FL 34228 <i>Sarasota FL 34232</i> <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Myron S. Elliott Pres.</i> <i>Myron S. Elliott</i> <i>MD 941371</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone | | | | | |