## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000009324**

1. Entity Name

CUTLER ACCOUNTING SERVICES, INC.



FILED Apr 01, 2004 08:00 AM Secretary of State

Principal Place of Business

7421 W. UPPER RIDGE DRIVE PARKLAND, FL 33067 Mailing Address

7421 W. UPPER RIDGE DRIVE PARKLAND, FL 33067



DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

\$8.75 Additional Fee Required

Not Applicable

Name and Address of Current Registered Agent

KENNETH A ESQ

CUTLER, KENNETH A ESQ 1630 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442

## DO NOT WRITE IN THIS SPACE

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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	Sgent signetur	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		V =	04/01/04-80020-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTLER, SHARON S 7421 W. UPPER RIDGE DR. PARKLAND, FL 33067				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					<del></del>

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

Sharon Cutter

Sharon Cutter

2.28.04

954-540-244