

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004797

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: CUTLER ENTERPRISES, INC.

## Current Principal Place of Business:

292 ARROWHEAD LANE  
MELBOURNE, FL 32951

## New Principal Place of Business:

## Current Mailing Address:

292 ARROWHEAD LANE  
MELBOURNE, FL 32951

## New Mailing Address:

FEI Number: 54-2089271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUTLER, WILLIAM  
292 ARROWHEAD LANE  
MELBOURNE, FL 32951 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: D ( ) Delete  
Name: CUTLER, WILLIAM  
Address: 292 ARROWHEAD LANE  
City-St-Zip: MELBOURNE, FL 32951

Title: D ( ) Delete  
Name: CUTLER, ANGELA  
Address: 292 ARROWHEAD LANE  
City-St-Zip: MELBOURNE, FL 32951

Title: VP ( ) Delete  
Name: CUTLER, DANIEL J  
Address: 1859 GULF COURT  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete  
Name: CUTLER, THOMAS  
Address: 2868 MADERA CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete  
Name: CUTLER, WILLIAM J  
Address: 292 ARROWHEAD LANE  
City-St-Zip: MELBOURNE, FL 32951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ANGELA CUTLER

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date