

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028975

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: CUTSHALL ENTERPRISES, INC.

## Current Principal Place of Business:

14470 CHESMAN CT.  
JACKSONVILLE, FL 32258

## New Principal Place of Business:

11341 DISTRIBUTION AVE E  
#8  
JACKSONVILLE, FL 32256

## Current Mailing Address:

14470 CHESMAN CT.  
JACKSONVILLE, FL 32258

## New Mailing Address:

11341 DISTRIBUTION AVE E  
#8  
JACKSONVILLE, FL 32256

FEI Number: 06-1680722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUTSHALL, ANGEL  
14470 CHESMAN CT.  
JACKSONVILLE, FL 32258

## 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: DP ( ) Delete  
Name: CUTSHALL, TROY  
Address: 14470 CHESMAN CT.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD ( ) Delete  
Name: CUTSHALL, ANGEL  
Address: 14470 CHESMAN CT.  
City-St-Zip: JACKSONVILLE, FL 32258

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CUTSHALL, TROY  
Address: 11341 DISTRIBUTION AVE E. #8  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD (X) Change ( ) Addition  
Name: CUTSHALL, ANGEL  
Address: 11341 DISTRIBUTION AVE E #8  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGEL CUTSHALL

VP

04/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date