

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 17, 2008 8:00 am  
Secretary of State**

04-17-2008 90034 017 \*\*\*150.00

DOCUMENT # P03000028975

1. Entity Name  
CUTSHALL ENTERPRISES, INC.



Principal Place of Business

11341 DISTRIBUTION AVE E  
#8  
JACKSONVILLE, FL 32256

Mailing Address

11341 DISTRIBUTION AVE E  
#8  
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #

11246 Distribution Ave E

3. Mailing Address

11246 Distribution Ave E

Suite, Apt. #, etc.  
#8

Suite, Apt. #, etc.  
#8

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32256

Country

USA

Zip

32256

Country

USA

6. Name and Address of Current Registered Agent

CUTSHALL, ANGEL  
14470 CHESMAN CT.  
JACKSONVILLE, FL 32258

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

*Angel Cutshall*

Signature (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-14-08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$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  
PRES  
CUTSHALL, TROY  
11341 DISTRIBUTION AVE E. #8  
JACKSONVILLE, FL 32256

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VP  
CUTSHALL, ANGEL  
11341 DISTRIBUTION AVE E #8  
JACKSONVILLE, FL 32256

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Angel Cutshall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-08 904-886-3808 Daytime Phone #