


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.	

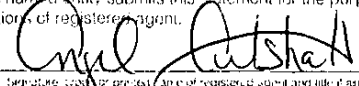
Principal Place of Business 11341 DISTRIBUTION AVE E #8 JACKSONVILLE, FL 32256	Mailing Address 11341 DISTRIBUTION AVE E #8 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # 11246 Distribution Ave E	3. Mailing Address 11246 Distribution Ave E
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. #8
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32256	Zip 32256
Country USA	Country USA

6. Name and Address of Current Registered Agent CUTSHALL, ANGEL 14470 CHESMAN CT. JACKSONVILLE, FL 32258	
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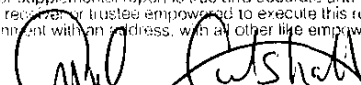
04142008 Chg-P CR2E034 (12/06)

4. FEI Number 06-1680722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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  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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <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 CUTSHALL, ANGEL 11341 DISTRIBUTION AVE E #8 JACKSONVILLE, FL 32256 <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
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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 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 registered 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: 	Date 4-14-08 Daytime Phone # 904-886-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	