

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90023 038 \*\*\*150.00

66401585



<b>DOCUMENT # P03000049074</b> 1. Entity Name <b>CUTS, ETC., INC.</b>			
Principal Place of Business <b>1008 PINE LAKE CIRCLE PALM BEACH GARDENS, FL 33418</b>		Mailing Address <b>1008 PINE LAKE CIRCLE PALM BEACH GARDENS, FL 33418</b>	
2. Principal Place of Business <b>13700 US Highway 1</b> Suite, Apt. #, etc. <b>105</b>		3. Mailing Address <b>Same as #2 now</b> Suite, Apt. #, etc.	
City & State <b>Juno Beach, FL</b> Zip <b>33408</b>		City & State City Country	
4. FEI Number <b>74-310497</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NORTH, JAMES F.</b> <b>1008 PINE LAKE CIRCLE</b> <b>PALM BEACH GARDENS, FL 33418</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>-After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	PD <b>NORTH, JENNIFER K</b> STREET ADDRESS <b>1008 PINE LAKE CIRCLE</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	
TITLE	VD <b>JOYNER, JILL A</b> STREET ADDRESS <b>933 W. JASMINE DRIVE, #2-B</b> CITY-ST-ZIP <b>LAKE PARK, FL 33403</b>	<input type="checkbox"/> Delete	
TITLE	SD <b>NORTH, KATHRYN M</b> STREET ADDRESS <b>1008 PINE LAKE CIRCLE</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	
TITLE	TD <b>North, James F.</b> STREET ADDRESS <b>1008 Pine Lake Circle</b> CITY-ST-ZIP <b>Palm Beach Gardens, FL 33418</b>	<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>1718 Juno Road, Apt 2</b> <b>North Palm Beach, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: <b>James F. North</b> <i>James F. North</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date: <b>1/28/04</b> <i>561-623-2548</i> <small>Daytime Phone #</small>			

Attachment



66401585

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 4, 2004

CUTS, ETC., INC.  
13700 US HWY 1  
105  
NORTH PALM BEACH, FL 33408

Subject: CUTS, ETC., INC.

Reference Number: P03000049074

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/as

ANNUAL REPORTS SECTION