## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000054593

1. Entity Name CUTRITE' FRAMING, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

185 W. WASHINGTON AVENUE LAKE HELEN, FL 32744 Mailing Address

185 W. WASHINGTON AVENUE LAKE HELEN, FL 32744



03062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0045681

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGGIO, REGINA 185 W WASHINGTON AVE LAKE HELEN, FL 32744

changed, or on an attachment

## DO NOT WRITE IN THIS SPACE

| 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 Fiorida. I am familiar with, and accept the obligations of registered agent.   |  |       |      |                                |   |
|---|--|-------|------|--------------------------------|---|
| SIGNATURE   |  |       |      |                                |   |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE   |  |       |      |                                |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution   |  |       | cing | \$5.00 May Be<br>Added to Fees |   |
| 10.   | OFFICERS AND DIREC   | CTORS |      |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD<br>MAGGIO, REGINA<br>185 W. WASHINGTON AVENUE<br>LAKE HELEN, FL 32744 |       |      |                                | U00000915350<br>05/09/08-80011-013 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>MAGGIO, WILLIAM J<br>185 W. WASHINGTON AVE.<br>LAKE HELEN, FL 32744  |       |      |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |       |      | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |       |      | IN '                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP   |  |       |      | ,                              |   |
| TITLE 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 |  |       |      |                                |   |