2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE:

Mar 04, 2005 8:00 am **Secretary of State** DOCUMENT # P04000010882 01-31-2005 90057 025 ***158.35 1. Entity Name MIKE CUTONE, INC. Principal Place of Business Mailing Address 5264 VANN RD. VALDOSTA GA 31606 5264 VANN RD. VALDOSTA GA 31606 66003472 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUTONE, MICHAEL S 1230 NORTH ADAMS ST Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IITLE THE ☐ Deleta Change Addition HAME CUTONE, MICHAEL S HAME STREET ADDRESS 5264 VANN RD. STREET ADDRESS CITY-ST-ZIP VALDOSTA GA 31606 CITY-ST-ZIP TITLE Defeta Title F ☐ Change Addition NAME CUTONE, MICHAEL S NAME STREET ADDRESS 5264 VANN RD. STREET ADDRESS CITY-ST-ZIP VALDOSTA GA 31608 CITY-ST-ZIP TITLE ☐ Detete BIRE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZP TITLE ☐ Delete Change ☐ Addition MAME MANUF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP 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 early, 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

MKHAFL 5 CUTUNE

FILED

(229)834-1580