


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 03, 2005 8:00 am
Secretary of State

04-29-2005 90229 009 ***150.00

DOCUMENT # P04000011610			
1. Entity Name CUTTING ATTRACTIONS, INC.			
Principal Place of Business 713 SW BASCOM NORRIS DR LAKE CITY, FL 32025		Mailing Address 713 SW BASCOM NORRIS DR LAKE CITY, FL 32025	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 30-0548155	
CORDNER, HALA 3133 172ND ST LAKE CITY, FL 32024 <i>LAST Name - changed</i> <i>MARRIED</i> <i>Hutchins</i>		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		04212005 Chg-P CR2E034 (10/03)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	
NAME	CORDNER, HALA	NAME	
STREET ADDRESS	3133 172ND ST	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CURRIE, JUDY.	NAME	
STREET ADDRESS	RT 19 BOX 914	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PELONI, PAULA	NAME	
STREET ADDRESS	183 NE EVANSTON LN	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Halca Hutchins</i> President / Treasurer		Date: 7-22-05 755-7799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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