

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143549

FILED
Apr 26, 2006
Secretary of State

Entity Name: CUTMANN-SMITH, INC.

Current Principal Place of Business:

5970 LIMESTONE ROAD
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5970 LIMESTONE ROAD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 30-0281037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEMANN, LEN
5970 LIMESTONE ROAD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUTLER, JOHN
Address: 10100 HILLVIEW DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: CUTLER, ANN
Address: 10100 HILLVIEW DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SMITH, DONALD
Address: 1156 SUNSET LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: SMITH, KAREN
Address: 1156 SUNSET LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: STEMANN, LEN
Address: 5970 LIMESTONE ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: STEMANN, HEATHER
Address: 5970 LIMESTONE ROAD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEN STEMANN

D

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date