

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143549

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: CUTMANN-SMITH, INC.

## Current Principal Place of Business:

1156 SUNSET LANE  
GULF BREEZE, FL 32563

## New Principal Place of Business:

## Current Mailing Address:

4 TWICKENHAM DR.  
GREENVILLE, SC 29615

## 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:

SMITH, DON  
1156 SUNSET LANE  
GULF BREEZE, FL 32563      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: 4 TWICKENHAM DR  
City-St-Zip: GREENVILLE, SC 29615

Title: D      ( ) Delete  
Name: STEMANN, HEATHER  
Address: 4 TWICKENHAM DR  
City-St-Zip: GREENVILLE, SC 29615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: CUTLER, JOHN  
Address: 5970 LIMESTONE RD  
City-St-Zip: PENSACOLA, FL 32504

Title: D      (X) Change ( ) Addition  
Name: CUTLER, ANN  
Address: 5970 LIMESTONE RD  
City-St-Zip: PENSACOLA, FL 32504

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 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: LEONARD G STEMANN

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date