

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90416 034 ***158.75

DOCUMENT # P05000089384			
1. Entity Name CUT N' LOOSE, INC.			
Principal Place of Business 2580 NE INDIAN RIVER DR JENSEN BEACH, FL 34957-5623		Mailing Address 2580 NE INDIAN RIVER DR JENSEN BEACH, FL 34957-5623	
2. Principal Place of Business 2580 NE INDIAN RIVER DR JENSEN BEACH, FL 34957		3. Mailing Address 1518 SE ROYAL GREEN CIRCLE PORT ST LUCIE, FL 34952	
4. FEI Number 59-3808876		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DEMEYERE, CHERYL 1518 SE ROYAL GREEN CIRCLE J203 PORT ST LUCIE, FL 34952	
7. Name and Address of New Registered Agent Name: CHERYL DEMEYERE Street Address (P.O. Box Number is Not Acceptable): 1518 SE ROYAL GREEN CIRCLE (J203) City: PORT ST LUCIE, FL Zip Code: 34952		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: <u>Cheryl Demeyere</u> DATE: <u>4-10-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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: P NAME: DEMEYERE, CHERYL STREET ADDRESS: 1518 SE ROYAL GREEN CIRCLE J203 CITY - ST - ZIP: PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Cheryl Demeyere</u> <u>Cheryl DEMEYERE</u>		Date: <u>4-10-06</u> (772) 225-0802	