

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000103512

1. Entity Name
BRYAN D. CUTTS, INC.



Principal Place of Business
745 MYRICK LANE
CHIPLEY, FL 32428

Mailing Address
745 MYRICK LANE
CHIPLEY, FL 32428



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
40-2085609

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTTS, AMY KAY
745 MYRICK LANE
CHIPLEY, FL 32428

**DO NOT WRITE
IN THIS SPACE**

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 *Amy Kay Cutts*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/27/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUTTS, BRYAN D
STREET ADDRESS	745 MYRICK LANE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	V
NAME	CUTTS, AMY KAY
STREET ADDRESS	745 MYRICK LANE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	S
NAME	CUTTS, AMY K
STREET ADDRESS	745 MYRICK LN
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/07-80057-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Bryan D. Cutts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan D. Cutts

1/27/07

Date

850-326-0857

Daytime Phone #