

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108047

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** CLEAR CUT PROPERTY MANAGEMENT INC

**Current Principal Place of Business:**

3100 OLD WINTER GARDEN RD  
SUITE 231  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 783952  
WINTER GARDEN, FL 34778

**New Mailing Address:**

P.O. BOX 519  
OCOE, FL 34761

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARROLL, CODY  
3100 OLD WINTER GARDEN RD  
SUITE 231  
OCOE, FL 34761 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CARROLL, CODY  
Address: 3100 OLD WINTER GARDEN RD SUITE 231  
City-St-Zip: OCOE, FL 34761

Title: SEC  
Name: FINCK, AMBER D  
Address: 3100 OLD WINTER GARDEN RD SUITE 231  
City-St-Zip: OCOE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: CODY CARROLL

PRES

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date