


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P29295 1. Entity Name CUTLASS ASSOCIATES, INC.	
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Principal Place of Business 4206 CUTLASS LANE NAPLES, FL 34102	Mailing Address 4206 CUTLASS LANE NAPLES, FL 34102
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01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1670490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SUTHERLAND, DONALD C. 4206 CUTLASS LANE NAPLES, FL 34102
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTHERLAND, DONALD C. 4206 CUTLASS LANE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUTHERLAND, SUSAN F. 4206 CUTLASS LANE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUTHERLAND, ANDREW R. 22 WYNDOM CIRCLE HOCKESSIN, DE 19707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/07-80018-021 150.00

**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: Donald C. Sutherland Donald C. Sutherland 1/8/07 239-262-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #