

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P29295
 1. Entity Name
CUTLASS ASSOCIATES, INC.



Principal Place of Business Mailing Address
4206 CUTLASS LANE **4206 CUTLASS LANE**
NAPLES, FL 34102 **NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
52-1670490 Not Applicable

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

6. Name and Address of Current Registered Agent

SUTHERLAND, DONALD C.
4206 CUTLASS LANE
NAPLES, FL 34102

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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 _____ (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUTHERLAND, DONALD C.
STREET ADDRESS	4206 CUTLASS LANE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	STD
NAME	SUTHERLAND, SUSAN F.
STREET ADDRESS	4206 CUTLASS LANE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VD
NAME	SUTHERLAND, ANDREW R.
STREET ADDRESS	22 WYNDOM CIRCLE
CITY-ST-ZIP	HOCKESSIN, DE 19707
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

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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 #