2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

Jan 29, 2004 08:00 AM DOCUMENT # P93000003561 **Secretary of State** 1. Entity Name CUT-'N-UP, INC. Principal Place of Business Mailing Address 2020 SADLER ROAD 2020 SADLER ROAD SUITE 3 SUITE 3 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3160724 Not Applicable Zic Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, MADELYN Street Address (P.O. Box Number is Not Acceptable) 2020 SADLER RD. FERNANDINA BCH, FL 32034 City Zip Code 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. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE TITLE ☐ Delete ☐ Change ☐ Addition JONES, MADELYN C NAME NAME U00000020526 STREET ADDRESS 2020 SADLER ROAD SUITE 3 STREET ADDRESS 01/29/04-80069-024 150.00 CITY-ST-ZIP FERNANDINA BEACH FL 32034 C17Y - ST - Z1P TITLE ☐ Delete TITLE Change Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZEP THILE TIT/ E ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIBE THILE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CATY-ST-ZIP CHTY-ST-ZIP HILE ☐ Delete TITLE Change Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY -ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MANE NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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