


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90021 017 \*\*\*150.00

<b>DOCUMENT # P93000003561</b>			
1. Entity Name <b>CUT-'N-UP, INC.</b>			
Principal Place of Business <b>2020 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034</b> <i>2020 Sadler Rd</i>		Mailing Address <b>2020 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034</b>	
2. Principal Place of Business <i>Suite 3</i>		3. Mailing Address <i>2020 Sadler Rd</i>	
Suite, Apt. #, etc. <i>fer. Bch. fl.</i>		Suite, Apt. #, etc. <i>Suite 3</i>	
City & State <i>32034</i>		City & State <i>fer. Bch fl.</i>	
Zip <i>32034</i>	Country <i>Nassau</i>	Zip <i>32034</i>	Country <i>Nassau</i>
6. Name and Address of Current Registered Agent  <b>JONES, MADELYN 2020 SADLER RD. FERNANDINA BCH. FL 32034</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.  SIGNATURE <i>Madelyn Jones</i> <i>Madelyn Jones</i> <b>8-15-5</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing agent)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, MADELYN C 2020 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Madelyn Jones</i> <i>Madelyn Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>7155</b> <b>904261-4768</b> <small>Date Daytime Phone #</small>	

**66026013**



1st MOORE CR2E034 (10/04)

ATTACHMENT

U6026013  
P93000003561

ATTACHMENT

8-17-5

Dear Sir  
The only notice  
I received the  
review Corp report  
was mail  
with a check  
on July 15, 2005.

Sincerely  
Madeline

RJ#

P93000003561

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