

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 006 ***550.00

DOCUMENT # P93000003561

1. Entity Name
CUT-'N-UP, INC.



Principal Place of Business

**2020 SADLER ROAD
SUITE 3
FERNANDINA BEACH, FL 32034**

Mailing Address

**2020 SADLER ROAD
SUITE 3
FERNANDINA BEACH, FL 32034**

DO NOT WRITE IN THIS SPACE



08042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3160724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, MADELYN
2020 SADLER RD.
FERNANDINA BCH., FL 32034**

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **JONES, MADELYN C**
STREET ADDRESS **2020 SADLER ROAD SUITE 3**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE
NAME
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CITY-ST-ZIP

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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: _____

Madelyn Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-6
Date

904-261-4768
Daytime Phone #