

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90014 027 ***150.00

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



2. Principal Place of Business - No P.O. Box #
2028 Highland St
Suite, Apt. #, etc.

3. Mailing Address
2028 Highland St
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Fer Bch. Fl.
Zip
32034
Country

City & State
Fer Bch Fl.
Zip
32034
Country

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
2028 Highland St
Fer. Bch. Fl. 32034

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Madelyn Jones*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS 2028 Highland St
CITY-ST-ZIP Fer. Bch. Fl. 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-21-7 904277-2818

Date

Daytime Phone #