

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016900

FILED
Apr 29, 2004
Secretary of State

Entity Name: CUTLASS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1220 US HWY ONE
SUITE D
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

1220 US HWY ONE
SUITE D
NORTH PALM BEACH, FL 33408

New Mailing Address:

POST OFFICE BOX 13078
NORTH PALM BEACH, FL 33408

FEI Number: 65-0731207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YORK, LINDA E
1220 US HWY ONE STE D
NORTH PALM BEACH, FL 33408

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YORK, LINDA E
Address: 1220 US HWY ONE STE D
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA E. YORK

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date