

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061123

Entity Name: CUTTER'S CHOICE, INC.

FILED  
May 02, 2005  
Secretary of State

**Current Principal Place of Business:**

1491 N COCOA BLVD  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

1491 N COCOA BLVD  
COCOA, FL 32922

**New Mailing Address:**

FEI Number: 59-3458556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMPTON, CAROL J  
3935 CANAVERAL GROVES BLVD  
COCOA, FL 32926 US

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: COMPTON, NOAH  
Address: 3935 CANAVERAL GROVES BLVD  
City-St-Zip: COCOA, FL 32926

Title: P ( ) Delete  
Name: COMPTON, CAROL J  
Address: 3935 CANAVERAL GROVES BLVD  
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete  
Name: COMPTON, ADAM M  
Address: 3935 CANAVERAL GROVES BLVD  
City-St-Zip: COCOA, FL 32926

Title: T ( ) Delete  
Name: COMPTON, TIMOTHY B  
Address: 3935 CANAVERAL GROVES BLVD  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: TIMOTHY B. COMPTON

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05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date