2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2004 08:00 AM Secretary of State DOCUMENT # P97000077417 1. Entity Name CUTLER BAYSIDE OFFICE, INC. Principal Place of Business Mailing Address 35388 US 19 N. 35388 US 19 N. PALM HARBOR, FL 34684-1900 PALM HARBOR, FL 34684-1900 03022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3466426 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUTLER, MELVIN S DO NOT WRITE 35388 US 19 N. PALM HARBOR, FL 34684-1900 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000092027 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. MLE CUTLER, MELVIN S NAME STREET ADDRESS 35388 US 19 N. CITY ST-ZIP PALM HARBOR, FL 346841900 MEE MANUE STREET ADDRECS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIIE SMALLS STREET ADDRESS

12. I hereby certify that the information supplied with this litting 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 changed, or on an attachment with an address, with all offset like empowered.

SIGNATURE:

GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16104/

Daytime Phone #

FILED