


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90154 030 \*\*\*150.00

<b>DOCUMENT # P98000014520</b>	
1. Entity Name <b>UNCUT PRODUCTIONS, INC.</b>	

Principal Place of Business <b>1045 OLDE DOUBLOON DRIVE VERO BEACH, FL 32963</b>	Mailing Address <b>P.O. BOX 971 VERO BEACH, FL 32961 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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20030021



03162005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3494741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCHUGH, JOHN J JR 333 17TH STREET SUITE U VERO BEACH, FL 32960</b>		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LITTLEJOHN, RICHARD 1045 OLDE DOUBLOON DRIVE VERO BEACH, FL 32963</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Collins, Roy 333 17th Street Suite U Vero Beach FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LITTLEJOHN, MARGARET 1045 OLDE DOUBLOON DR VERO BCH, FL 32963</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCHUGH, JOHN J JR, 333 17TH ST SUITE U VERO BCH, FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LITTLEJOHN, WENDY 1045 OLDE DOUBLOON DR VERO BCH, FL 32963</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LITTLEJOHN, GEORGINA 1045 OLDE DOUBLOON DR VERO BCH, FL 32963</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LITTLEJOHN, WILLIAM 1045 OLDE DOUBLOON DR VERO BCH, FL 32964</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 supplement thereto 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.

<b>SIGNATURE:</b> _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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