

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90234 010 ***150.00

DOCUMENT # P99000008427					
1. Entity Name CUTTIN' UP, INC.					
Principal Place of Business 14206 NEW BERRY RD NEWBERRY, FL 32669			Mailing Address 14206 NEW BERRY RD NEWBERRY, FL 32669		
2. Principal Place of Business 3240 SW. 35th BLVD.		3. Mailing Address 3240 S.W. 35th BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GAINESVILLE, FLORIDA		City & State GAINESVILLE, FLORIDA		4. FEI Number 59-3555580	
Zip 32608		Country ALACHUA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOCHMAN, MARILYN J 1420 ALAFAYA TRAIL SUITE 101 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name W.W. LAVENDER Street Address (P.O. Box Number is Not Acceptable) 3240 SW 35th BLVD. City GAINESVILLE FL Zip Code 32608		
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 <u>W.W. Lavender</u> W.W. LAVENDER 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVENDER, WHITNEY <input type="checkbox"/> Delete 14206 NEWBERRY RD NEWBERRY, FL 32669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3240 S.W. 35th BLVD. GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>Whitney Lavender</u> DIRECTOR			Date 4-20-04 (352) 516-7329		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		