


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90011 015 \*\*\*150.00

<b>DOCUMENT # P99000017372</b> 1. Entity Name <b>CUTTER &amp; CUTTER, INC.</b>	
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Principal Place of Business <b>120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084</b>
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**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3608587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, CHARLES E JR.  
77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084**

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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) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CUTTER, LEONARD O 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CUTTER, MATTHEW J 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CUTTER, SONYA D 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CUTTER, MARK A 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sonya Cutter* **2-28-06** **908290818**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #