

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90003 036 ***150.00

DOCUMENT # V69334

1. Entity Name
CUTTER COVE DEVELOPMENT CORP.



Principal Place of Business
**1208 S MYRTLE AVENUE
CLEARWATER, FL 33756**

Mailing Address
**1000 PINELLAS STREET
CLEARWATER, FL 33756-3433**

44049064



2. Principal Place of Business

2502 N. Rocky Point Dr.
Suite, Apt. #, etc.
Suite 1050

City & State
Tampa, FL

Zip
33607

Country

3. Mailing Address

2502 N. Rocky Point Dr.
Suite, Apt. #, etc.
Suite 1050

City & State
Tampa, FL

Zip
33607

Country

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3162633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON
1253 PARK STREET
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name **Gary N. Strohaner**
Street Address (P.O. Box Number is Not Acceptable)
1150 Cleveland St, Suite 300
City **Clearwater** FL Zip Code **33755**

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

Gary N. Strohaner

7/8/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **RYAN, JOHN M**
STREET ADDRESS **437 ST ANDREWS DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **D** ☐ Delete
NAME **RYAN, JOHN M**
STREET ADDRESS **437 ST ANDREWS DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04

Date

813-288-8078

Daytime Phone #