


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 597036**  
1. Entity Name  
ABC CUTTING CONTRACTORS OF ATLANTA, INC.



Principal Place of Business  
2001 ANDREWS AVENUE  
POMPANO BEACH, FL 33069

Mailing Address  
2001 ANDREWS AVENUE  
POMPANO BEACH, FL 33069



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1732467 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LAVIN, ANDY  
2699 STIRLING RD  
SUITE 100  
FORT LAUDERDALE, FL 33312

**DO NOT WRITE 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 Andrew Lavin DATE 1/9/04  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCOY, LARRY W.
STREET ADDRESS	2001 ANDREWS AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	ST
NAME	MCCOY, FAITH
STREET ADDRESS	2001 ANDREWS AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	V
NAME	MCCOY, TERRY
STREET ADDRESS	2001 ANDREWS AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80034-002 150.00

**DO NOT WRITE IN THIS SPACE**

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: LARRY W. MCCOY 954-523-48  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR