

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83658

Entity Name: LEXINGTON CUTTER, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

2951 63RD AVE E
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

2951 63RD AVE E
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 59-2797999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENANDER, PAUL J.
7116 SADDLECREEK WAY
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ENANDER, PAUL J.,
Address: 7116 SADDLECREEK WAY
City-St-Zip: SARASOTA, FL

Title: S () Delete
Name: ENANDER, LAURIE D.,
Address: 7116 SADDLECREEK WAY
City-St-Zip: SARASOTA, FL

Title: VP () Delete
Name: ST. ESPRIT, JUNITA
Address: 4030 S. MARK DR.
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: TRAMMELL, JAMES L
Address: 7200 17TH AVE NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ST. ESPRIT, JUNITA
Address: 3290 49TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ENANDER

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date