

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 581398

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: A CUT ABOVE OF NAPLES, INC.

**Current Principal Place of Business:**

2096 SANTA BARBARA BLVD.  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

2096 SANTA BARBARA BLVD.  
NAPLES, FL 34116 US

**New Mailing Address:**

FEI Number: 59-1873592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWEIKHARDT, WILLIAM  
900 6TH AVE. SOUTH  
SUITE 302      LB  
NAPLES, FL 33940 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: PT ( ) Delete  
Name: NICKELL, GARY L,  
Address: 7625 ARBORE LAKES CT  
City-St-Zip: NAPLES, FL 34112

Title: VS ( ) Delete  
Name: NICKELL, GLORIA DIANNE  
Address: 7625 ARBORE LAKES CT  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY L. NICKELL

PT

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date