

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 581398

**FILED**  
**Feb 14, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: NICKELL, GARY L  
Address: 7625 ARBOR LAKES CT  
City-St-Zip: NAPLES, FL 34112

Title: VS  
Name: NICKELL, GLORIA DIANNE  
Address: 7625 ARBOR LAKES CT  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: GARY L NICKELL

PT

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date