


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 POMPAÑO BEACH, FL 33069	Mailing Address 2001 ANDREWS AVENUE POMPAÑO BEACH, FL 33069
---	---



01052004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-1732467 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 <u>Andrew Lavin</u> <small>Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>1/9/04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOY, LARRY W. 2001 ANDREWS AVENUE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCOY, FAITH 2001 ANDREWS AVENUE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOY, TERRY 2001 ANDREWS AVENUE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000006396
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: <u>LARRY W. MCCOY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	954-523-48
---	------------