

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 597037

1. Entity Name
ABC CUTTING CONTRACTORS, INC.



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

Mailing Address
2001 N. ANDREWS AVENUE
POMPANO BEACH, FL 33069



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1521513

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 ROAD
SUITE 100
PORT LAUDERDALE, FL 33069

**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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/04

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 N ANDREWS AVE
CITY-ST-ZIP POMPANO BEACH, FL

TITLE ST
NAME MCCOY, FAITH
STREET ADDRESS 2001 N ANDREWS AVE
CITY-ST-ZIP POMPANO BEACH, FL

TITLE VP
NAME MCCOY, TERRY
STREET ADDRESS 2001 N ANDREWS AVE
CITY-ST-ZIP POMPANO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000006388
01/16/04-80034-003 150.00

**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)(f), 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* LARRY W MCCOY

954-523-484