

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597037

FILED
Jan 10, 2007
Secretary of State

Entity Name: ABC CUTTING CONTRACTORS, INC.

Current Principal Place of Business:

2001 N. ANDREWS AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2001 N. ANDREWS AVENUE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-1521513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, JEFFREY B LL.M
3300 UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS, FL 33065 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: PD () Delete
Name: MCCOY, FAITH
Address: 2001 N ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: TREA () Delete
Name: MCCOY, FAITH
Address: 2001 N ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL

Title: ST () Delete
Name: PACHECOE, JULIE L
Address: 2001 N ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL

Title: DIR () Delete
Name: NEESVIG, MARK
Address: 2001 N ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: FAITH MCCOY

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date