

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 597037

FILED  
Apr 18, 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

## 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: PD (X) Change ( ) Addition  
Name: MCCOY, FAITH PRES.  
Address: 2001 N ANDREWS AVE  
City-St-Zip: POMPANO BEACH, FL 33069 US

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

Title: ST (X) Change ( ) Addition  
Name: JOHNSON, JULIE  
Address: 2001 N ANDREWS AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069 US

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

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

04/18/2007

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

\_\_\_\_\_  
Date