


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # H60946 1. Entity Name CUTTING EDGE PIZZA, INC.		
Principal Place of Business P O BOX 510666 PUNTA GORDA, FL 33951-666 US	Mailing Address P O BOX 510666 PUNTA GORDA, FL 33951-666 US	



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2541537	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZDANOWICZ, PAUL
8440 SW SUNNYBREEZE DRIVE
ARCADIA, FL 34269**

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZDANOWICZ, PAUL 8440 SW SUNNYBREEZE DRIVE ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ZDANOWICZ, PAUL 8440 SW SUNNYBREEZE DRIVE ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZDANOWICZ, PAUL 8440 SW SUNNYBREEZE DRIVE ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000863112
04/03/08-80079-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul Zdanowicz* **PAUL ZDANOWICZ** **3/15/08** **9417691769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #