


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90071 048 ***150.00

DOCUMENT # J09975 1. Entity Name CUT-RITE TOOL CORPORATION					
Principal Place of Business 2730-4 CLYDO RD. JACKSONVILLE, FL 32207			Mailing Address 75 MAXESS RD MELVILLE, NY 11747 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	President / COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, MITCHELL		NAME	David Sandler	
STREET ADDRESS	75 MAXESS RD		STREET ADDRESS	75 Maxess Road	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	VPT <input type="checkbox"/> Delete		TITLE		
NAME	BOXER, SHELLEY		NAME		
STREET ADDRESS	75 MAXESS RD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VPS <input checked="" type="checkbox"/> Delete		TITLE		
NAME	ECCLESTON, THOMAS		NAME		
STREET ADDRESS	75 MAXESS RD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	