


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000106046 1. Entity Name A-1 CUTTING EDGE, INC.	
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Principal Place of Business 1631 S W 22ND LANE CAPE CORAL, FL 33991	Mailing Address 1631 S W 22ND LANE CAPE CORAL, FL 33991
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**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1148246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, SCOTT W  
1631 S W 22ND LANE  
CAPE CORAL, FL 33991

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000090329 03/17/04-80012-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, SANDRA 1631 S W 22ND LANE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, SCOTT 1631 S W 22ND LANE CAPE CORAL, FL 33991
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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:** Sandra M. Lynch SANDRA M. LYNCH 3/15/04 2394588005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #