


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90011 001 ***158.75

DOCUMENT # P02000098175

1. Entity Name
CUTTING EDGE BUILDING CORP.



Principal Place of Business Mailing Address

4356 BEECHWOOD LAKE DRIVE **4356 BEECHWOOD LAKE DRIVE**
NAPLES, FL 34112 **NAPLES, FL 34112**

2. Principal Place of Business 3. Mailing Address

1160 Wildwood Lakes Blvd. **1160 Wildwood Lakes Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 106 **Suite # 106**

City & State City & State

Naples Florida 34104 **Naples Florida**
 Zip Zip Country Country
34104 **34104** **Collier** **Collier**

06212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

38-3658918 Not Applicable

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

6. Name and Address of Current Registered Agent

LYKOS, PETER L
4356 BEECHWOOD LAKE DRIVE
NAPLES, FL 34116

7. Name and Address of New Registered Agent

Name **LYKOS, Peter L.**
 Street Address (P.O. Box Number is Not Acceptable) **1160 Wildwood Lakes Blvd. Suite 106**
 City **NAPLES** FL Zip Code **34104**

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 *Peter L. Lykos Pres.* DATE **06/23/04**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYKOS, PETER L. | NAME | |
| STREET ADDRESS | 4356 BEECHWOOD LAKE DRIVE | STREET ADDRESS | |
| CITY- ST- ZIP | NAPLES, FL 34116 | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Peter L. Lykos Pres.* DATE **06/22/04** 239 732 9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use Signature Phone #