

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90037 010 ***158.75

DOCUMENT # P02000109828

1. Entity Name
CUTTING EDGE TOOLING, INC.



Principal Place of Business
**567 SOUTHRIDGE INDUSTRIAL DR
TAVARES, FL 32778**

Mailing Address
**567 SOUTHRIDGE INDUSTRIAL DR
TAVARES, FL 32778**

40011891



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0338818	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EGER, FRANK L JR
13700 VIRGINIA AVE
ASTATULA, FL 34705**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EGER, FRANK L JR
STREET ADDRESS	13950 VIRGINIA AVE
CITY-ST-ZIP	ASTATULA, FL 34705
TITLE	V
NAME	HARSHBARGER, PAUL
STREET ADDRESS	13700 VIRGINIA AVENUE
CITY-ST-ZIP	ASTATULA, FL 34705
TITLE	V
NAME	BROWN, BOB
STREET ADDRESS	13700 VIRGINIA AVENUE
CITY-ST-ZIP	ASTATULA, FL 33609
TITLE	T
NAME	RUBIN, ARNOLD
STREET ADDRESS	1 N.DALE MABRY HWY #950
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	S
NAME	MURPHY, ROSE
STREET ADDRESS	1 N. DALE MABRY HWY #950
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	AS
NAME	HEWLETT, TREVOR
STREET ADDRESS	1 N.DALE MABRY HWY #950
CITY-ST-ZIP	TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 3527421000
Date Daytime Phone #