

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 13 AM 11:07

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		
2. Principal Place of Business 1 N. Dale Mabry Hwy.		3. Mailing Address 100 N. Tampa Street #4100		 11172004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. #950		Suite, Apt. #, etc. Attention: K Wheeler			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33609		Zip 33602			
4. FEI Number 83-0338818			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <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			7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301		
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:  Brian Courtney Asst. V. Pres. DATE: 12/13/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	D EGER, FRANK L JR 13950 VIRGINIA AVE ASTATULA, FL 34705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 13700 Virginia Avenue 1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGER, JOSEPH P 375 W HAZELTON AVE STOCKTON, CA 95206	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Harshbarger, Paul 13700 Virginia Avenue Astatula, FL 34705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Brown, Bob 13700 Virginia Avenue Astatula, FL 34705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Rubin, Arnold 1 N. Dale Mabry Hwy #950 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Murphy, Rose 1 N. Dale Mabry Hwy #950 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Hewlett, Trevor 1 N. Dale Mabry Hwy #950 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  Rose M. Murphy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: December 9, 2004 Daytime Phone #: 813-739-1814					

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 078660 4303940

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 61.25

ORDER DATE : December 13, 2004

ORDER TIME : 10:04 AM

ORDER NO. : 078660-015

CUSTOMER NO: 4303940

CUSTOMER: Ms. Kathleen Wheeler
Holland & Knight LLP
Suite 4100
100 North Tampa Street
Tampa, FL 33602

CHANGE OF AGENT
AMENDED ANNUAL REPORT

NAME: CUTTING EDGE TOOLING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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04 DEC 13 AM 10:42
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA