

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000126134

FILED
Dec 10, 2004
Secretary of State

Entity Name: CUTTING EDGE CARPENTRY, INC.

Current Principal Place of Business:

4328 TIMOR PLACE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

4328 TIMOR PLACE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 06-1661817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, BRENT J
3859 BEE RIDGE RD
101
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

REILLY, SCOTT
4328 TIMOR PLACE
SARASOTA, FL 34241 US

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.

SIGNATURE: SCOTT REILLY

12/10/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REILLY, SCOTT
Address: 4328 TIMOR PLACE
City-St-Zip: SARASOTA, FL 34241

Title: VP (X) Delete
Name: MARLEAU, JAMES
Address: 3179 MAIDEN LANE
City-St-Zip: SARASOTA, FL 34231

Title: S (X) Delete
Name: MCINNIS, MIKE
Address: 4328 TIMOR PLACE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT REILLY

PRES

12/10/2004

Electronic Signature of Signing Officer or Director

Date