

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90074 010 \*\*\*150.00

<b>DOCUMENT # P03000078133</b>					
<b>1. Entity Name</b> THE CUTTING EDGE BEAUTY SALON, INC.					
<b>Principal Place of Business</b> 6132 FT KING RD SEPYRHILLS, FL 33542			<b>Mailing Address</b> 6132 FT KING RD SEPYRHILLS, FL 33542		
<b>2. Principal Place of Business</b> 6132 FT King Rd.		<b>3. Mailing Address</b> 6132 FT. King Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07152004    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> Zephyrhills, Fl.		<b>City &amp; State</b> Zephyrhills, Fl.		<b>4. FEI Number</b> 05-1197341	
<b>Zip</b> 33542		<b>Country</b> PASC0		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PTD <b>NAME</b> FLESHOOD, JONI <b>STREET ADDRESS</b> 6132 FT KING RD <b>CITY-ST-ZIP</b> SEPYRHILLS, FL 33542	<input type="checkbox"/> Delete		<b>TITLE</b> PTD <b>NAME</b> Gauger, Joni <b>STREET ADDRESS</b> 6132 Ft. King Rd. <b>CITY-ST-ZIP</b> Zephyrhills, Fl. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> GAUGER, DOUGLAS <b>STREET ADDRESS</b> 6132 FT KING RD <b>CITY-ST-ZIP</b> SEPYRHILLS, FL 33542	<input type="checkbox"/> Delete		<b>TITLE</b> VSD <b>NAME</b> Gauger Douglas <b>STREET ADDRESS</b> 6132 FT. KING RD. <b>CITY-ST-ZIP</b> Zephyrhills, Fl. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joni Gauger</u>			Date: <u>7/29/04</u> Daytime Phone #: _____		