

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000136301 1. Entity Name THE CUTTING EDGE CUSTOM WOODWORKING, INC.		
Principal Place of Business 2824 MOHICAN WAY- CRESTVIEW-FL-32569-		Mailing Address 2824 MOHICAN WAY CRESTVIEW FL-32569-
2. Principal Place of Business 325 S CEDAR AVE Suite, Apt. #, etc., UNTC	3. Mailing Address 2824 MOHICAN WAY Suite, Apt. #, etc.	
City & State NICEVILLE FL	City & State CRESTVIEW FL	
Zip 32578	Country	Zip 32539

FILED

04 APR 21 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03) *04*

4. FEI Number 20-0409221		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 SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI FL 33145		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 888835793588 05/10/04--01020--003 **150.00 City FL Zip Code		

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, 2004. Fee will be \$550.00.
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	DPT JONES, JEFFREY R 2824 MOHICAN WAY CRESTVIEW FL-32569-	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JONES, JEFFREY R 2824 MOHICAN WAY CRESTVIEW FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, ANNIE J 2824 MOHICAN WAY CRESTVIEW FL-32569-	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES ANNIE J 2824 MOHICAN WAY CRESTVIEW FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(j), 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: *Jeffrey R. Jones* **JEFFREY R. JONES** *4-15-04* **850-376-5723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #