

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000001984

1. Entity Name
CUTTING EDGE WELDING AND FABRICATING INC.



Principal Place of Business
1445 A1A SOUTH
ST AUGUSTINE, FL 32080

Mailing Address
1445 A1A SOUTH
ST AUGUSTINE, FL 32080

FILED
Feb 28, 2007 08:00 AM
Secretary of State



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0563252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIMBS, RANDY M SR
1445 A1A SOUTH
ST AUGUSTINE, FL 32080

**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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIMBS, RANDY M SR
STREET ADDRESS	1445 A1A SOUTH
CITY-ST- ZIP	ST AUGUSTINE, FL 32080
TITLE	V
NAME	MIMBS, RANDY M JR
STREET ADDRESS	1445 A1A SOUTH
CITY-ST- ZIP	ST AUGUSTINE, FL 32080
TITLE	T
NAME	COLSON, MICHAEL A
STREET ADDRESS	1445 A1A SOUTH
CITY-ST- ZIP	ST AUGUSTINE, FL 32080
TITLE	S
NAME	MIMBS, PATRICIA A
STREET ADDRESS	1445 A1A SOUTH
CITY-ST- ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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03/08/07-80018-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Randy Mimbbs Sr **DATE** 2/27/07 **Daytime Phone #** 904-461-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR