


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90091 037 ***150.00

DOCUMENT # P04000039277			
1. Entity Name PUMPIN N CUTTIN INC			
Principal Place of Business 1931 S 26TH ST FT PIERCE, FL 34947		Mailing Address 1931 S 26TH ST FT PIERCE, FL 34947	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 650 21st Street		Suite, Apt. #, etc. 650 21st Street	
City & State Vero Beach FL		City & State Vero Beach FL	
Zip 7L	Country 32962	Zip 32962	Country
6. Name and Address of Current Registered Agent SEYMOUR, DARCY PAUL III 1931 S 26TH ST FT PIERCE, FL 34947 650 21st Street Vero Beach FL 32962		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2005 Fee will be \$550.00		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	P SEYMOUR, DARCY PAUL III 1931 S 26TH ST FT PIERCE, FL 34947	TITLE NAME STREET ADDRESS CITY - ST - ZIP	650 21st St. Vero Beach FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Pauline Seymour 650 21st Street Vero Beach FL 32962
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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: Darcy Seymour		Date: 1-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50022421



01212005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0842490** Applied For
Not Applicable

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