2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State
07-25-2005 90103 043 ***150.00

66026462

DOCUMENT # P04000056154

1. Entity Name
A CUT ABOVE SIDING & WINDOWS INC

Principal Place of Business	Mailing Address
975 FALCON DRIVE BAREFOOT BAY, FL 32976	975 FALCON DRIVE BAREFOOT BAY, FL 32976

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07162005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0914574 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILES, ROGER D
975 FALCON DRIVE
BAREFOOT BAY, FL 32976

7. Name and Address of New Registered Agent

Name: Michelle L. Myers

Street Address (P.O. Box Number is Not Acceptable): 975 FALCON DRIVE

City: BAREFOOT BAY FL Zip Code: 32976

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: Michelle L. Myers
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
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MEYERS, MICHELLE L 975 FALCON DRIVE BAREFOOT BAY, FL 32976	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Michelle L. Myers PVST 7/15/05 321-480-1230
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #