2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

At the state of the

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # P04000104924** 04-04-2005 90097 043 ***150.00 FINER EDGE MOBILE SHARPENING, CO. Principal Place of Business Mailing Address 8371 NORTH TAMIAMITRAIL (US-41) 8371 NORTH TAMIAMLTRAIL (US-41) 1616666 SARASOTA, EL-34243 SAPASOTA, FL-34243 Suite Ant # etc Suite, Apt. #, etc. 01282005 CR2E034 (10/03) Cha-P - Applied For 4.-FEI Number City & State 20-13547-19 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JUDITH A. Becc BELCHER, JUDITH Street Address (P.O. Box Number is Not Acceptable) 8371 NORTH TAMIAMITRAIL (US-41) 8ARASOTA, FL 34243 Soto City Sarasoto 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 President SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Kelcher, Judith Pichange 1621 De Soto Rd Delete TITLE TITLE Belcher, BELCHER, JUDITH NAME NAME 8371 NORTH TAMIAMI TRAIL (US-41) STREET ADDRESS STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE TITLE SMITH, PAUL NAME NAME 8371 NORTH TAMIAMI TRAIL (US-41) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change __ D Addition. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED