


2006 FOR PROFIT CORPORATION ANNUAL REPORT

600131

DOCUMENT # P05000015088					
1. Entity Name CUTTING EDGE FILTER & SUPPLY, INC.					
Principal Place of Business 4219 WHISTLEWOOD CIRCLE LAKELAND, FL 33811		Mailing Address 4219 WHISTLEWOOD CIRCLE LAKELAND, FL 33811			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1739128	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name: JOHN FLOYD Street Address (P.O. Box Number is Not Acceptable): 4219 WHISTLEWOOD CIR City: LAKELAND FL 33811	
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: <i>John Floyd</i> DATE: 1 FEB 06 <small>Signature typed or printed name of registered agent, and not if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>					
FILE-DOWN! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD FLOYD, SHARON M 4219 WHISTLEWOOD CIRCLE LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD SIMPSON, CONNIE 4219 WHISTLEWOOD CIRCLE LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD SIMPSON, DAVID 4219 WHISTLEWOOD CIRCLE LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD FLOYD, JOHN L 4219 WHISTLEWOOD CIRCLE LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 807, 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 empowerments.					
SIGNATURE: <i>JOHN FLOYD</i>		<i>John Floyd</i>		DATE: 1-FEB-06 (863) 678-2458	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small>		<small>Signature</small>		<small>Date</small>	