## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000103557

NICEVILLE, FL 32578

City-St-Zip:

Entity Name: CUTTING EDGE AUTOMOTIVE OF NW FL, INC.

FILED May 01, 2007 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	ICK DRIVE LTON BEACH	H, FL 32547			
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
P.O. BOX FORT WA	2604 LTON BEACH	H, FL 32549	108 PATRICK DRIVE FORT WALTON BEAC	CH, FL 32547	
FEI Number	: 16-1729711	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent	: Name and Address o	Name and Address of New Registered Agent:	
The above	ELER ST ILTON BEACH	•	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Ca		93(2)(b), F.S., the corporation di ng Trust Fund Contribution ( ). CTORS:	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	BOSWELL, JA 671 BLACKST MARY ESTHE	ONE RD R, FL 32569 ) Delete	Title: Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address:	MOORER, CAI 4409 SOUTHM	ROLINE S 1INISTER CIRCLE	Name: Address:		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BOSWELL DP 05/01/2007