

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90058 045 ***150.00



DOCUMENT # P05300				1. Entity Name CONSOLIDATED CUTLERY COMPANY	
Principal Place of Business 696 N.W. SHARPE ST. PORT ST. LUCIE, FL 34983		Mailing Address 696 N.W. SHARPE ST. PORT ST. LUCIE, FL 34983			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-3104151	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREYBERG, ACHIM 696 N.W. SHARPE STREET PORT ST. LUCIE, FL 34983			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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, 2007 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREYBERG, ACHIM H.		NAME		
STREET ADDRESS	696 N.W. SHARPE STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUNNER, O. M.		NAME		
STREET ADDRESS	696 NW SHARPE ST.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL		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		
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 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: <i>Achim H. Freyberg</i>		Pres.		4/12/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		772/878-6139	
				Daytime Phone #	

ATTACHMENT

40061730

Division of Corporations



Annual Report

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Document Number

P05300

Business Entity Name

CONSOLIDATED CUTLERY COMPANY

FEI Number

363104151

FEI Number Status

Listed Above Applied For Not Applicable

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address 696 N.W. SHARPE ST.
Suite, Apt. #, etc.
City, State PORT ST. LUCIE, FL
Zip Code & Country 34983 US

Mailing Address

Address 696 N.W. SHARPE ST.
Suite, Apt. #, etc.
City, State PORT ST. LUCIE, FL
Zip Code & Country 34983 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA FREYBERG, ACHIM

Address (PO Box is not acceptable) 696 N.W. SHARPE STREET

Suite, Apt. #, etc.

City, State PORT ST. LUCIE, FL

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Zip Code & Country . US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title)

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below. A corporate name is not allowed in this block.

Title

P.

Officer/Director Signature

William H. Reilly

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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