

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05300

FILED  
Mar 24, 2010  
Secretary of State

**Entity Name:** CONSOLIDATED CUTLERY COMPANY

**Current Principal Place of Business:**

696 N.W. SHARPE ST.  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

696 N.W. SHARPE ST.  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 36-3104151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREYBERG, ACHIM  
696 N.W. SHARPE STREET  
PORT ST. LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FREYBERG, ACHIM H.  
Address: 696 N.W. SHARPE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: S  
Name: BRUNNER, O. M.  
Address: 696 NW SHARPE ST.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

I hereby 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 all other like empowered.

SIGNATURE: ACHIM H. FREYBERG

PRES

03/24/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date