

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000073833

FILED  
Aug 28, 2008  
Secretary of State

**Entity Name:** CUTTING EDGE TRIM CARPENTRY, INC.

**Current Principal Place of Business:**

78 COCHISE CT  
PALM COAST, FL 32137

**New Principal Place of Business:**

813 SOUTH EDENBRIDGE WAY  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

78 COCHISE CT  
PALM COAST, FL 32137

**New Mailing Address:**

813 SOUTH EDENBRIDGE WAY  
SAINT AUGUSTINE, FL 32092

**FEI Number:** 14-1964800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKOGLUND, TRAVIS L  
78 COCHISE CT  
PALM COAST, FL 32137 US

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

SKOGLUND, TRAVIS L  
813 SOUTH EDENBRIDGE WAY  
SAINT AUGUSTINE, FL 32092 US

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: TRAVIS L. SKOGLUND

08/28/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SKOGLUND, TRAVIS L  
Address: 78 COCHISE CT  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SKOGLUND, TRAVIS L  
Address: 813 SOUTH EDENBRIDGE WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: TRAVIS L. SKOGLUND

D

08/28/2008

Electronic Signature of Signing Officer or Director

Date