

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000024658

1. Entity Name  
CUSTOM CONCRETE CUTTING INC.



FILED

07 MAY -1 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1170 RESERVE WAY #203  
NAPLES, FL 34105

Mailing Address  
1170 RESERVE WAY #203  
NAPLES, FL 34105



04162007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-8510112 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GUIGAR, EDMUND L JR.  
1170 RESERVE WAY #203  
NAPLES, FL 34105

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 [Signature] DATE 4-17-07  
Signature of individual or certified mail of registered agent and not a corporation. (NOTE: Registered Agent signature required when constituting)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUIGAR, EDMUND L JR.	
STREET ADDRESS	1170 RESERVE WAY #203	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAKE, AUDREY	
STREET ADDRESS	4797 NORTH ROAD	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200103094232
CITY-ST-ZIP	05/23/07--01011--001 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: [Signature]  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/17/07  
DATE AND PHONE #