

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 008 ***158.75

DOCUMENT # P07000024658 1. Entity Name CUSTOM CONCRETE CUTTING INC.			
Principal Place of Business 1170 RESERVE WAY #203 NAPLES, FL 34105		Mailing Address 1170 RESERVE WAY #203 NAPLES, FL 34105	
2. Principal Place of Business - No P.O. Box # 4797 North Rd		3. Mailing Address P.O. Box 11181	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34104		Zip 34101	
Country USA		Country USA	
4. FEI Number 20-8510112		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 Edmund L. Guigar Jr. Street Address (P.O. Box Number is Not Acceptable) 4797 North Road City NAPLES FL Zip Code 34104	
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 <small>Signature, typed or printed name of registered agent and title applicable.</small>		Edmund L. Guigar Jr. <small>(NOTE: Registered Agent signature required when registering)</small>	
DATE 2-19-08 <small>DATE</small>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P GUIGAR, EDMUND L JR. 1170 RESERVE WAY #203 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edmund L. Guigar Jr. 4797 North Road NAPLES FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAKE, AUDREY 4797 NORTH ROAD NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Edmund L. Guigar Jr. <small>DATE</small>	
DATE 2-19-08 <small>DATE</small>		DAYTIME PHONE # 239-707-4305 <small>DAYTIME PHONE #</small>	