

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-08-2008 90012 025 ***150.00

DOCUMENT # P07000051083 1. Entity Name CORNER CUTS INC.			
Principal Place of Business 2149 SW FEARS AVENUE PORT SAINT LUCIE FL 34953		Mailing Address 2149 SW FEARS AVENUE PORT SAINT LUCIE FL 34953	
2. Principal Place of Business - No P.O. Box # 2100 45th STREET		3. Mailing Address 	
Suite, Apt. #, etc. Suite A1		Suite, Apt. #, etc. 	
City & State WEST PALM BEACH, FL.		City & State 	
Zip 33407		Country PAIM BEACH	
4. FEI Number 20-8899252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, JEFFREY C 2149 SW FEARS AVENUE PORT SAINT LUCIE FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Jeffrey Lewis</i></u> JEFFREY LEWIS DATE <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title in parentheses. (NOTE: Registered Agent signature required when reasonable.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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/D LEWIS, JEFFREY C 2149 SW FEARS AVENUE PORT SAINT LUCIE FL 34953 <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	S LEWIS, JEFFREY C 2149 SW FEARS AVENUE PORT SAINT LUCIE FL 34953 <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	VP/D LEWIS, DENISE 2149 SW FEARS AVENUE PORT SAINT LUCIE FL 34953 <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 Section 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: <u><i>Jeffrey Lewis</i></u> JEFFREY LEWIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/21/08</u> <small>Date</small>	