

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000038165

**FILED**  
**Jun 20, 2011**  
**Secretary of State**

**Entity Name:** CUTTING EDGE UPHOLSTERY INC.

**Current Principal Place of Business:**

154 ACALYPHA  
PUNTA GORDA, FL 33955 US

**New Principal Place of Business:**

2520 NE 9TH AVE  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

154 ACALYPHA  
PUNTA GORDA, FL 33955 US

**New Mailing Address:**

**FEI Number:** 27-2564377      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BORG, JAMES  
154 ACALYPHA  
PUNTA GORDA, FL 33955 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BORG, JAMES  
Address: 154 ACALYPHA  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: O  
Name: DRAVNEL, NATALIE  
Address: 154 ACALYPHA  
City-St-Zip: PUNTA GORDA, FL 33955 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: NATALIE DRAVNEL

O

06/20/2011

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

\_\_\_\_\_  
Date