

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012591

Entity Name: PARAMOUNT CUTTER, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

208 SW LUCERO DR  
PORT ST. LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

208 SW LUCERO DR  
PORT ST. LUCIE, FL 34983 US

## New Mailing Address:

FEI Number: 65-0557324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMEDBERG, MARK  
208 SW LUCERO DR  
PORT ST. LUCIE, FL 34983 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMEDBERG, MARK C  
Address: 208 SW LUCERO DR  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D ( ) Delete  
Name: SMEDBERG, SHARON  
Address: 208 SW LUCERO DR  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK SMEDBERG

D

04/30/2009

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

\_\_\_\_\_  
Date