## **2007 FOR PROFIT CORPORATION**

## Feb 16, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P97000003949 02-16-2007 90027 023 \*\*\*150.00 HOLLANDS CUTTING EDGE, INC. Principal Place of Business Mailing Address 40010.--2000 COSTA VERDE CT. 2000 COSTA VERDE CT. NAVARRE, FL 32566 NAVARRE, FL 32566 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02082007 Cha-P Applied For 4 FEI Number City & State City & State 59-3422598 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLLAND, CORY Street Address (P.O. Box Number is Not Acceptable) 2000 COSTA VERDE CT. NAVARRE, FL 32566 Zip Code City 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 SIGNATURE Signature, typea or printed here of registerior agent and tribuit applicable. (f)OTE Registered Agent signature required when reinstating) DATE 9. Etection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change TITLE Delete TIFLE HOLLAND, CORY NAME NAME 2000 COSTA VERDE CT. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NAVARRE, FL 32566 ☐ Change Addition TITLE Delete TIBLE MCCONNELL, LOYE MAME NAME 2000 COSTA VERDE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP TITLE ☐ Change ☐ Addition IMLE ☐ Delete HOLLAND, JAMES NAME STREET ADDRESS 2000 COSTA VERDE CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAVARRE, FL 32566 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

12. Thereby certify that the information supplied with this filling 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 occurate 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2-13-07

Davtins; Phone #

☐ Change

Addition

FILED

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ATTACHMENT DOCUMENT # P97000003949 HOLLANDS CUTTING EDGE, INC. Principal Place of Business Mailing Address 2000 COSTA VERDE CT. 2000 COSTA VERDE CT. NAVARRE, FL 32566 NAVARRE, FL 32566 40018728 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 02082007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 59-3422598 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLAND, CORY Street Address (P.O. Box Number is Not Acceptable) 2000 COSTA VERDE CT. NAVARRE, FL 32566 Zip Code City FL 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. Lam familiar with, and accept the obligations of registered agent **SIGNATURE** Signature, typed or pricted harve of recysteres, agent and fille if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Change Addition TIFLE TITLE HOLLAND, CORY NAME NAME STREET ADDRESS 2000 COSTA VERDE CT. STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE MCCONNELL, LOYE MAME NAME STREET ADDRESS STREET ADDRESS 2000 COSTA VERDE CT. CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE HOLLAND, JAMES NAME NAME STREET ADDRESS 2000 COSTA VERDE CT. STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality 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

Daytime Phone #