


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V16073
1. Entity Name
D & P CUTTING SERVICE, INC.



Principal Place of Business
**5708 SW 25TH ST
HOLLYWOOD, FL 33023**

Mailing Address
**5708 SW 25TH ST
HOLLYWOOD, FL 33023**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-F CR2E034 (11/05)

4. FEI Number
65-0319790 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GUYON, PETER W.
5708 SW 25TH ST
HOLLYWOOD, FL 33023**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000494237
04/20/06-80038-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUYON, PETER W. 5708 SW 25TH ST HOLLYWOOD, FL
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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: Peter Guyon **4/1/06** **954-961-1567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #