

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004118

**Entity Name:** CUTTING EDGE INTERNATIONAL, INC.

**Current Principal Place of Business:**

3766 N. DELAWARE AVE  
SPRINGFIELD, MO 65803

**Current Mailing Address:**

3766 N. DELAWARE AVE  
SPRINGFIELD, MO 65803

**FEI Number:** 43-1380860

**Certificate of Status Desired:** No

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

DAVIS, JAMES O  
3238 LAMANGA DRIVE  
MELBOURNE, FL 32940 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name PAUL, EVAN O  
Address 3751 N DELAWARE AVE  
City-State-Zip: SPRINGFIELD MO 65803

Title TREASURER  
Name KNIGHT, MICHAEL  
Address 1055 N. MAIN STREET  
City-State-Zip: MADISONVILLE KY 42431

Title D  
Name JACOBSON, JOHN  
Address 1906 WEST END AVE  
City-State-Zip: NASHVILLE TN 37203

Title D  
Name TIBBS, CALVIN  
Address 451 WEST BANKHEAD HIGHWAY  
City-State-Zip: VILLA RICA GA 30180

Title PRESIDENT  
Name DAVIS, JAMES O  
Address 3766 N. DELAWARE AVE  
City-State-Zip: SPRINGFIELD MO 65803

Title S  
Name DAVIS, SHERI  
Address 3766 N. DELAWARE AVE  
City-State-Zip: SPRINGFIELD MO 65803

Title DIRECTOR  
Name JONES, JEFF  
Address 2500 VINCENT AVE  
City-State-Zip: KALAMAZOO MI 49024

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES O. DAVIS

**PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date