## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000047248 1. Entity Name



FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

SHARP CUT LAWN CARE INC.

Mailing Address

10996 KIMBERLY AVENUE ENGLEWOOD, FL 34244 10996 KIMBERLY AVENUE ENGLEWOOD, FL 34244



DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

51-0500771

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GODWIN, JOANNE 327 GLADSTUNE BLVD ENGLEWOOD, FL 34223

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE Name Street address City-St-Zip	P BOSLEY, JASON G 10996 KIMBERLY AVENUE ENGLEWOOD, FL 34224				000000802335 02/01/08-80055-016:150\00
TITLE Name Street address City-St-Zip					
HITLE Name Street address Chy-st-Zip				DO	NOT WRITE
TITLE Name Street address City-St-Zip				IN	THIS SPACE
TITLE					

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.

CICMATUDE.

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP.

Desor Horly

JASON G. BOSLEY
PRESIDENT

1-24-08 DATE