

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000028504

1. Entity Name
 THE COMPLETE CUT LAWN SERVICE, INC.



Principal Place of Business
 6225 TERRA ROSA CIRCLE
 BOYNTON BEACH, FL 33437

Mailing Address
 6225 TERRA ROSA CIRCLE
 BOYNTON BEACH, FL 33437



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0680093 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARIETTA, JAMES M
 6225 TERRA ROSA CIRCLE
 BOYNTON BEACH, FL 33437

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME MARIETTA, JAMES M
 STREET ADDRESS 6225 TERRA ROSA CIRCLE
 CITY - ST - ZIP BOYNTON BEACH, FL 33437

TITLE VSD
 NAME MARIETTA, ALLYSON
 STREET ADDRESS 6225 TERRA ROSA CIRCLE
 CITY - ST - ZIP BOYNTON BEACH, FL 33437

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1000000371730
 07/11/05-80002-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALLYSON E. MARIETTA ALLYSON E. MARIETTA 7-6-05 735-0749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #