


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 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

DO NOT WRITE IN THIS SPACE



01272006 No Chg-F CR2E034 (11/05)

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 _____ 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**

000000416697
 02/13/06-80025-010 150.00

10. OFFICERS AND DIRECTORS

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

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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: Allyson E. Marietta Allyson E. Marietta 1/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

601735-0749