2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 AM Secretary of State

1. Entity Name

THE COMPLETE CUT LAWN SERVICE, INC.



Principal Place of Business

Mailing Address

6225 TERRA ROSA CIRCLE BOYNTON BEACH, FL 33437 6225 TERRA ROSA CIRCLE BOYNTON BEACH, FL 33437



DO NOT WRITE IN THIS SPACE

		\$8.7	75	Additional
	65-0680093			Not Applicable
4.	FEI Number			Applied For

5. Certificate of Status Desired

01232007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

No Chg-P

	ions of registered agent.	arposo or onanging its rogi	stared onles or n	agistared agent, or bo	to, in the state of Florida. Familianillar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title i	fapplicable (NOTE Reg	istared Agent signature	required when reinstating)	DAIE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD MARIETTA, JAMES M 6225 TERRA ROSA CIRCLE BOYNTON BEACH, FL 33437	CTORS			U00800602852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARIETTA, ALLYSON 6225 TERRA ROSA CIRCLE BOYNTON BEACH, FL 33437				01/26/07-80108-023 150.00	
TIILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS TY-ST-ZIP				IN THIS SPACE		
:SS						

information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 occiver or trustee empowered to execute this poort as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

Allyson E MariETTA 1/22/07 60