

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028504

FILED
Jan 22, 2008
Secretary of State

Entity Name: THE COMPLETE CUT LAWN SERVICE, INC.

Current Principal Place of Business:

6225 TERRA ROSA CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

6225 TERRA ROSA CIRCLE
BOYNTON BEACH, FL 33472

Current Mailing Address:

6225 TERRA ROSA CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

6225 TERRA ROSA CIRCLE
BOYNTON BEACH, FL 33472

FEI Number: 65-0680093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARIETTA, JAMES M
6225 TERRA ROSA CIRCLE
BOYNTON BEACH, FL 33472 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: _____

01/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARIETTA, JAMES M
Address: 6225 TERRA ROSA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VSD () Delete
Name: MARIETTA, ALLYSON
Address: 6225 TERRA ROSA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARIETTA, JAMES M
Address: 6225 TERRA ROSA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VSD (X) Change () Addition
Name: MARIETTA, ALLYSON
Address: 6225 TERRA ROSA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLYSON E. MARIETTA

VSD

01/22/2008

Electronic Signature of Signing Officer or Director

Date