

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000039905

**Entity Name:** (904)CUT-LAWN INC

**Current Principal Place of Business:**

1829 E BEAVER ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1829 E BEAVER ST  
JACKSONVILLE, FL 32202

**FEI Number:** 46-2689915

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SALING, BAZIL  
1829 E BEAVER ST  
JACKSONVILLE, FL 32202 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            SALING, BAZIL R  
Address        1829 E BEAVER ST  
City-State-Zip: JACKSONVILLE FL 32202

Title            VP  
Name            BURNSED, RACHEL M  
Address        7217 WAIKIKI RD  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby 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 all other like empowered.*

**SIGNATURE:** BAZIL SALING

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date