

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18664

Entity Name: REV-CUT MOWER, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

% ROBERT W. LAPONTNY
2005 NORTH US HWY #1
COCOA, FL 32922

New Principal Place of Business:

2005 NORTH US HWY #1
COCOA, FL 32922

Current Mailing Address:

% ROBERT W. LAPONTNY
2005 NORTH US HWY #1
COCOA, FL 32922

New Mailing Address:

2005 NORTH US HWY #1
COCOA, FL 32922

FEI Number: 59-2717256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPONTNY, ROBERT W.
2005 NORTH US HWY #1
COCOA, FL 329223943 US

Name and Address of New Registered Agent:

LAPONTNY, ROBERT W.
2005 NORTH US HWY #1
COCOA, FL 329223943 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: ROBERT LAPONTNY

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAPONTNY, ROBERT W.,
Address: 409 W CHESTER DR
City-St-Zip: COCOA, FL

Title: D () Delete
Name: CAMPEAU, JACKIE,
Address: 409 WESTCHESTER DR.
City-St-Zip: COCOA, FL

Title: PD () Delete
Name: LAPONTNY, ROBERT
Address: 409 WESTCHESTER DR.
City-St-Zip: COCOA, FL 32926

Title: STD () Delete
Name: CAMPEALI, JACKIE L
Address: 409 WESTCHESTER DR.
City-St-Zip: COCOA, FL 32926

Title: VP (X) Delete
Name: MCFARLANE, JACUELINE C
Address: 5712 SAYOY RD.
City-St-Zip: WATERFORD, MI 48327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAPONTNY, ROBERT W
Address: 409 W ESTCHESTER DR
City-St-Zip: COCOA, FL

Title: D (X) Change () Addition
Name: CAMPEAU, JACKIE
Address: 409 WESTCHESTER DR.
City-St-Zip: COCOA, FL

Title: D (X) Change () Addition
Name: ADAMS, ROBERT
Address: 898 PINE BAUGH STREET
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: ADAMS, JENNIFER
Address: 898 PINE BAUGH STREET
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT LAPONTNY

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date