


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J39733</b> 1. Entity Name A CUT ABOVE A LAWN AND TREE SERVICE, INC.	
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Principal Place of Business 10875 NW 52 ST SUITE #4 SUNRISE, FL 33351 US	Mailing Address 10875 NW 52ND ST SUITE #4 SUNRISE, FL 33351 US
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06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2737154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VINIG, BARRY 2880 NE 14TH STREET, CSWY 304 POMAPNO BEACH, FL 33062	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

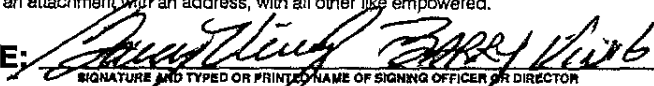

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOUZ, RONALD 6376 NW 72ND PLACE PARKLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS VINIG, BARRY 2880 NE 14TH ST, CSWY #304 POMPANO BEACH, FL 33062
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**    
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #