

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L34214**

**1. Entity Name**  
**CUT RITE LAWN SERVICE, INC.**



**Principal Place of Business**  
**3635 PRADO DR.**  
**SARASOTA, FL 34235 US**

**Mailing Address**  
**3635 PRADO DR.**  
**SARASOTA, FL 34235 US**



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-2981848**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HELMUTH, KEITH V.**  
**3635 PRADO DR.**  
**SARASOTA, FL 34235**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000850918

04/15/08-80081-003 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                       |                           |
|-----------------------|---------------------------|
| <b>TITLE</b>          | <b>P</b>                  |
| <b>NAME</b>           | <b>HELMUTH, KEITH V.</b>  |
| <b>STREET ADDRESS</b> | <b>3635 PRADO DRIVE</b>   |
| <b>CITY-ST-ZIP</b>    | <b>SARASOTA, FL 34235</b> |
| <b>TITLE</b>          |                           |
| <b>NAME</b>           |                           |
| <b>STREET ADDRESS</b> |                           |
| <b>CITY-ST-ZIP</b>    |                           |
| <b>TITLE</b>          |                           |
| <b>NAME</b>           |                           |
| <b>STREET ADDRESS</b> |                           |
| <b>CITY-ST-ZIP</b>    |                           |
| <b>TITLE</b>          |                           |
| <b>NAME</b>           |                           |
| <b>STREET ADDRESS</b> |                           |
| <b>CITY-ST-ZIP</b>    |                           |
| <b>TITLE</b>          |                           |
| <b>NAME</b>           |                           |
| <b>STREET ADDRESS</b> |                           |
| <b>CITY-ST-ZIP</b>    |                           |

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

941-355-6994

Daytime Phone #