2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 08:00 AM -Secretary of State **DOCUMENT # P00000061941** 1. Entity Name CUTTER'S EDGE LAWN CARE, INC. Mailing Address Principal Place of Business 13870 SILVER LAKE CT 13870 SILVER LAKE CT FT MYERS, FL 33912 FT MYERS, FL 33912 CR2E034 (10/03) 03082004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0780148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAWCHUK, JOHN DO NOT WRITE 13870 SILVER LAKE CT. FORT MYERS, FL 33912 IN THIS SPACE . 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. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SAWCHUK, JOHN J. NAME 13870 SILVER LAKE CT STREET ADDRESS U00000093917 CITY-ST-7IP FT MYER8, FL 33912 03/22/04-80038-012 150.00 TITLE NAME SAWCHUK, NITA 13870 SILVER LAKE CT. STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the property of the pro

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PENTED NAME OF SIGNING OFFICER OF DIRECTOR

239-872-530 Davime Phone #

FILED