

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061941

FILED
Jan 28, 2007
Secretary of State

Entity Name: CUTTER'S EDGE LAWN CARE, INC.

Current Principal Place of Business:

13810 LAKE MAHOGANY BLVD
0120
FT MYERS, FL 33907

New Principal Place of Business:

13810 LAKE MAHOGANY BLVD
0121
FT MYERS, FL 33907

Current Mailing Address:

13810 LAKE MAHOGANY BLVD
0121
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0780148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWCHUK, JOHN
13810 LAKE MAHOGANY BLVD
0121
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAWCHUK, JOHN J
Address: 13810 LAKE MAHOGANY BLVD #0121
City-St-Zip: FT MYERS, FL 33907

Title: VP () Delete
Name: SAWCHUK, NITA
Address: 13810 LAKE MAHOGANY BLVD #0121
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: JOHN J SAWCHUK

PRES

01/28/2007

Electronic Signature of Signing Officer or Director

_____ Date