

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024864

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** EMERALD CUT LAWN SERVICE, INC.

**Current Principal Place of Business:**

2107 RIVER RIDGE DR.  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1460  
NOKOMIS, FL 342741460

**New Mailing Address:**

4411 BEE RIDGE ROAD  
#436  
SARASOTA, FL 34233 US

**FEI Number:** 65-1088699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAUDENSLAGER, JOHN P  
1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SWIMM, DOUGLAS  
**Address:** 2107 RIVER RIDGE DR.  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** VD  
**Name:** HOFFMAN, CRAIG  
**Address:** 4505 MCINTOSH LAKE AVE.  
**City-St-Zip:** SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS SWIMM

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date