

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90073 045 ***158.75

DOCUMENT # P01000102145 1. Entity Name RAZOR EDGE LAWN & LANDSCAPING, INC.					
Principal Place of Business PO BOX 6552 DELRAY BCH, FL 33482-6552			Mailing Address PO BOX 6552 DELRAY BCH, FL 33482-6552		
2. Principal Place of Business 8656 Tourmaline		3. Mailing Address Blvd			
Suite, Apt. #, etc. Blvd		Suite, Apt. #, etc. Blvd			
City & State Boynton Beach FL		City & State Boynton Beach FL			
Zip 33437		Country FL		4. FEI Number 65-1148029	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent DALENA, JAMIE C/O 5200 ARBOR GLEN CIR LAKE WORTH, FL 33463					
7. Name and Address of New Registered Agent Name Jamie D'Alena Street Address (P.O. Box Number is Not Acceptable) 8656 Tourmaline Blvd City Boynton Beach FL Zip Code 33437					
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 <u><i>Jamie D'Alena</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT DALENA, JAMIE <input type="checkbox"/> Delete PO BOX 6552 DELRAY BCH, FL 334826552		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jamie D'Alena 8656 Tourmaline Blvd Boynton Beach FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DALENA, JAMIE <input type="checkbox"/> Delete PO BOX 6552 DELRAY BCH, FL 334826552		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Adam D'Alena 8656 Tourmaline Blvd Boynton Beach FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u><i>Jamie D'Alena</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					