

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000033506

1. Entity Name
QUICK CUT LAWN CARE, INC.



Principal Place of Business
**335 QUIET TRAIL DRIVE
PORT ORANGE, FL 32128**

Mailing Address
**335 QUIET TRAIL DRIVE
PORT ORANGE, FL 32128**



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0997947

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PELC, PHILLIP E
335 QUIET TRAIL DRIVE
PORT ORANGE, FL 32128**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000095168
03/24/04-80022-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PELC, PHILLIP E
335 QUIET TRAIL DRIVE
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PELC, SUSAN J
335 QUIET TRAIL DRIVE
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Susan J. Pelc* **Susan J. Pelc**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 (386) 788-2314
DATE Daytime Phone #