

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066784

FILED
Apr 30, 2009
Secretary of State

Entity Name: CUTTING EDGE LAWN SERVICE, INC.

Current Principal Place of Business:

8967 PHILLIPS HWY
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 57685
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 35-2172416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMP, RICHARD CPA
4110 SOUTHPOINT BLVD. #205
JACKSONVILLE, FL 32216 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: KOEHN, DAVID
Address: 7051 DEER LODGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: KOEHN, DAVID
Address: 7051 DEER LODGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

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 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: DAVID KOEHN

_____ Electronic Signature of Signing Officer or Director

PRES

04/30/2009

_____ Date