

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90055 037 ***150.00

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1. Entity Name
CUTS-N-CLEANS LAWN SERVICE INC.



Principal Place of Business
**PO BOX 172
FORT WALTON BEACH, FL 32549**

Mailing Address
**PO BOX 172
FORT WALTON BEACH, FL 32549**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3857185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351-0000**

**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 reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RAND, SEAN
PO BOX 172
FT WALTON BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JUDSON BOULWARE
1448 W. HEWETT
SANTA ROSA BCH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT, SECRETARY, TREASURER
SEAN C. RAND
211 HIGHWAY AV
FT. WALTON BCH, FL 32547**

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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-04

(450) 259-0883