


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000103490	
1. Entity Name PRO CUT LAWN MAINTENANCE, INC.	

Principal Place of Business 18353 FLAGSHIP CIRCLE JUPITER, FL 33458	Mailing Address 18353 FLAGSHIP CIRCLE JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



07042004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0489459	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KRAMER, SCOTT
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER, FL 33458

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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, BRENT 18353 FLAGSHIP CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, LISA 18353 FLAGSHIP CIRCLE JUPITER, FL 33458
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07/19/04-80009-021 150.00

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: Aria Kaplan / Lisa Kaplan **7/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #