

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021119

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: DEAN'S CUTTING EDGE LAWN CARE, INC.

## Current Principal Place of Business:

1750 N LAKESIDE CT.  
VENICE, FL 34293

## New Principal Place of Business:

1653 ALBINO RD  
NOKOMIS, FL 34275

## Current Mailing Address:

1750 N LAKESIDE CT.  
VENICE, FL 34293

## New Mailing Address:

1653 ALBINO RD  
NOKOMIS, FL 34275

FEI Number: 55-0824062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AHLERS, SUSAN  
1750 N LAKESIDE CT.  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

AHLERS, SUSAN  
1653 ALBINO RD  
NOKOMIS, FL 34275 US

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: SUSAN AHLERS

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AHLERS, DEAN J  
Address: 1750 N LAKESIDE CT.  
City-St-Zip: VENICE, FL 34293

Title: ST ( ) Delete  
Name: AHLERS, SUSAN  
Address: 1750 N LAKESIDE CT.  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AHLERS, DEAN J  
Address: 1653 ALBINO RD  
City-St-Zip: NOKOMIS, FL 34275

Title: ST (X) Change ( ) Addition  
Name: AHLERS, SUSAN  
Address: 1653 ALBINO RD  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN AHLERS

ST

04/20/2005

Electronic Signature of Signing Officer or Director

Date