2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033777

Entity Name: SUPREME CUT LAWN SERVICE, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

412 N PINE HILLS RD STE K

ORLANDO, FL 32811

412 N PINE HILLS RD

STE. K

ORLANDO, FL 32811

Current Mailing Address: New Mailing Address:

412 N PINE HILLS RD STE K ORLANDO, FL 32811

FEI Number: 27-0050480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, RICK

1192 OROPESA AVE
ORLANDO, FL 32807 US

HICKS, LEWIS
412 N. PINE HILLS RD.
STE. K
ORLANDO, FL 32811 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.

0.01.47.185

SIGNATURE: LEWIS HICKS 04/17/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JENKINS, HELEN JENKINS, HELEN Name: Name: 641 CORNELIA COURT 641 CORNELIA COURT Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32811

Name: HICKS, LEWIS Name: HICKS, LEWIS

 Address:
 204 WILMER AVE
 Address:
 412 N. PINE HILLS RD. STE. K

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32811

Title: DP () Delete Title: () Change () Addition

 Name:
 BROWN, VERNEN
 Name:

 Address:
 420 CHAPMAN STREET, #D
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 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: VERNEN BROWN P 04/17/2009