


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 046 ***158.75

DOCUMENT # P03000104624	
1. Entity Name CUTTING EDGE TURF CONSULTING, INC.	

Principal Place of Business 444 BOUCHELLE DR #304 NEW SMYRNA BEACH, FL 32169	Mailing Address 444 BOUCHELLE DR #304 NEW SMYRNA BEACH, FL 32169
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 33-1059072		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUTCHINSON, ENID D 444 BOUCHELLE DR, APT 304 NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name JEROME W HUTCHINSON Street Address (P.O. Box Number is Not Acceptable) 444 BOUCHELLE DRIVE APT 304 NEW SMYRNA BEACH FL 32169	
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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 *Enid D Hutchinson* 1-07-08
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTCHINSON, JEROME W 444 BOUCHELLE DR #304 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jerome W Hutchinson* 1-07-08 1-386-4268937
Signature, typed or printed name of signing officer or director Date Daytime Phone #

Cell-1-386-795-1563

ATTACHMENT

Jerome Hutchinson
"Cutting Edge" Turf Consulting
Board Certified Agronomist (ARPACS)
Certified Soil Food Web Advisor
Michigan State Agronomy Major 1961
444 Bouchelle Drive Apt. 304
New Smyrna Beach, Florida 32169
Phone/Fax: (386) 426-8937 Cell: (386) 795-1563
Email: jeromewhutchinson@yahoo.com

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1-07-08

Dept of State - Florida

If you have any questions please
call me on cell phone!

Thanks.

