

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 91020 040 ***150.00

DOCUMENT # P03000125337 1. Entity Name RICHARD'S A CUT ABOVE LAWN SERVICE, INC.					
Principal Place of Business 1013 BRISTOL LAKES APT. 208 MT DORA FL 32757				Mailing Address PO BOX 34 TANGERINE FL 32777	
2. Principal Place of Business 6947 CLUB CR		3. Mailing Address Suite, Apt. #, etc.			
City & State MT DORA FL		City & State			
Zip 32757		Country FLA 96		Zip Country	
6. Name and Address of Current Registered Agent GARDNER, RICHARD 1013 BRISTOL LAKES APT 208 MT DORA FL 32757				7. Name and Address of New Registered Agent Name Richard Gardner Street Address (P.O. Box Number is Not Acceptable) 6947 CLUB CR City MT DORA FL Zip Code 32757	
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 <i>x Richard Gardner</i> DATE 4-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD GARDNER, RICHARD 6947 CLUB CR MT DORA FL 32757	<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	Vice John Fortson 605 S BRANDENBURG ST MT DORA FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <i>x Richard Gardner</i> DATE 4-22-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					