FILED
Apr 13, 2006 8:00 am
Secretary of State
04-03-2006 90351 038 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028855

1. Entity Name
A CUT ABOVE...LANDSCAPES AND LAWN CARE EXPERTS, INC.

Principal Place of Business	Mailing Address
745 MENTMORE CR. DELTONA, FL 32738 US	745 MENTMORE CR. DELTONA, FL 32738 US

01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1524 FERGASON AVE.	1524 FERGASON AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELTONA, FL.	City & State: DELTONA, FL.
Zip: 32725 Country:	Zip: 32725 Country: USA

4. FEI Number: 83-0384266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORNELL, LORI L
745 MENTMORE
DELTONA, FL 32738

7. Name and Address of New Registered Agent
Name: LINDA A. KING
Street Address (P.O. Box Number is Not Acceptable): 1524 FERGASON AVE.
City: DELTONA FL Zip Code: 32725

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: LINDA A. KING [signature] 3-28-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KING, RODNEY C JR 745 MENTMORE CR. DELTONA, FL 32738	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KING,RODNEY C JR 1524 FERGASON AVE. DELTONA, FL 32725	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Jr. 3-28-06 386-747-1079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #