

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031306

FILED
Jan 06, 2005
Secretary of State

Entity Name: CUT-N-EDGE LAWN CARE, INC.

Current Principal Place of Business:

P O BOX 60186
ST PETERSBURG, FL 33784

New Principal Place of Business:

Current Mailing Address:

P O BOX 60186
ST PETERSBURG, FL 33784

New Mailing Address:

FEI Number: 45-0533436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, HERIBERTO
3992 29 AVE N
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMOS, HERIBERTO
Address: 3992 29 AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: D () Delete
Name: RAMOS, JANIE
Address: 3992 29 AVE N
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMOS, HERIBERTO
Address: 3992 29 AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: V (X) Change () Addition
Name: RAMOS, JANIE
Address: 3992 29 AVE N
City-St-Zip: ST PETERSBURG, FL 33713

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: HERIBERTO RAMOS

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date