


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 011 ***150.00

DOCUMENT # P04000044240
 1. Entity Name
 CUTTING EDGE LAWN CARE OF BREVARD, INC.



Principal Place of Business: 1376 HAZEL STREET NW, PALM BAY, FL 32907
 Mailing Address: 1376 HAZEL STREET NW, PALM BAY, FL 32907

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____
 Zip: _____ Country: _____

40021866



02132006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-0868769 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: VOTAVA, ANDREW R, 1376 HAZEL STREET NW, PALM BAY, FL 32907
 7. Name and Address of New Registered Agent: Name: _____, Street Address (P.O. Box Number is Not Acceptable): _____, City: _____, State: FL, Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when amending) DATE: _____

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: DPS NAME: VOTAVA, ANDREW R STREET ADDRESS: 1376 HAZEL STREET NW CITY-ST-ZIP: PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE: DPST NAME: Votava, Andrew R. STREET ADDRESS: 1376 Hazel Street NW CITY-ST-ZIP: Palm Bay, Florida 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: SIMOES, RICHARD R STREET ADDRESS: 1376 HAZEL ST NW CITY-ST-ZIP: PALM BAY, FL 32907	<input checked="" 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: Andrew R. Votava Andrew R. Votava, Director 02/13/06 321-724-4737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #