

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000047248

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** SHARP CUT LAWN CARE INC.

**Current Principal Place of Business:**

10996 KIMBERLY AVENUE  
ENGLEWOOD, FL 34244

**New Principal Place of Business:**

**Current Mailing Address:**

10996 KIMBERLY AVENUE  
ENGLEWOOD, FL 34244

**New Mailing Address:**

**FEI Number:** 51-0500771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GODWIN, JOANNE  
327 GLADSTONE BLVD  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

GODWIN, JOANNE  
327 GLADSTONE BLVD  
ENGLEWOOD, FL 34223 US

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

03/01/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOSLEY, JASON G  
Address: 10996 KIMBERLY AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby 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 all other like empowered.

SIGNATURE: JASON BOSLEY

P

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date