

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050583

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CUTTING TIME LAWN CARE, INC.

## Current Principal Place of Business:

220 GREENBRIER DR  
PALM SPRINGS, FL 33461

## New Principal Place of Business:

1532 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460

## Current Mailing Address:

220 GREENBRIER DR  
PALM SPRINGS, FL 33461

## New Mailing Address:

1115 NORTH L STREET  
LAKE WORTH, FL 33460

FEI Number: 34-1979753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROZOF, KELLEY W  
220 GREENBRIER DR  
PALM SPRINGS, FL 33461 US

## Name and Address of New Registered Agent:

ROZOF, KELLEY W MR.  
1115 NORTH L STREET  
LAKE WORTH, FL 33460 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: KELLEY W ROZOF

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: ROZOF, KELLEY W MR.  
Address: 1115 NORTH L STREET  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VP ( ) Change (X) Addition  
Name: FOSTER, BROWARD R MR.  
Address: 1115 NORTH L STREET  
City-St-Zip: LAKE WORTH, FL 33460

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: KELLEY W ROZOF

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date