


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90214 031 ***150.00

DOCUMENT # P04000059840																																															
1. Entity Name CREW CUT LANDSACPING, INC.																																															
Principal Place of Business 2590 SUMMIT ST PALM HARBOR, FL 34683			Mailing Address 2590 SUMMIT ST PALM HARBOR, FL 34683																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		4. FEI Number 20-1018596																																											
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent SACHS, DIANE L 2590 SUMMIT ST PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 reinstating) _____ DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> <i>PEPS.</i> <i>DIANE SACHS</i> <i>2590 SUMMIT ST.</i> <i>PALM HARBOR, FL.</i> <i>34683</i> </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>PEPS.</i> <i>DIANE SACHS</i> <i>2590 SUMMIT ST.</i> <i>PALM HARBOR, FL.</i> <i>34683</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Diane L. Sachs</i> <i>DIANE SACHS</i> <i>3/11/05</i>																																															