

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000105535

**FILED**  
**Jun 08, 2009**  
**Secretary of State**

**Entity Name:** CUTTING EDGE LAWN SERVICE OF POLK COUNTY, INC.

**Current Principal Place of Business:**

850 N. VOIGHT AVE  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

850 N VOIGHT AVE  
FORT MEADE, FL 33841

**New Mailing Address:**

850 N. VOIGHT AVE  
FORT MEADE, FL 33841

**FEI Number:** 20-1416751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, JR., DONALD H  
245 SOUTH CENTRAL AVE  
BARTOW, FL 33830 US

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

JOHNSON, JAY D  
850 N VOIGHT AVE  
FORT MEADE, FL 33841 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: JAY D JOHNSON

06/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, JAY DOUGLAS  
Address: 850 N VOIGHT AVE  
City-St-Zip: FORT MEADE, FL 33841

Title: D ( ) Delete  
Name: JOHNSON, CANDACE D  
Address: 850 N VOIGHT AVE  
City-St-Zip: FORT MEADE, FL 33841

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAY DOUGLAS JOHNSON

D

06/08/2009

Electronic Signature of Signing Officer or Director

Date