


FILED
Aug 24, 2006 8:00 am
Secretary of State

07-19-2006 90004 019 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000122750					
1. Entity Name A'S CUT ABOVE THE REST LAWN CARE, INC.					
Principal Place of Business 437 VERONICA AVE. PALM BAY, FL 32907			Mailing Address 437 VERONICA AVE. PALM BAY, FL 32907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0521111	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOOLE, WILLIAM G 770 TRINIDAD AVE. S.E. PALM BAY, FL 32909				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: <i>William G. Toole</i> DATE: 7/12/06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	DELETE: PLEASE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCONNELL, RONALD J JR.		NAME	RONALD J. MCCONNELL JR	
STREET ADDRESS	2239 KENT ST.		STREET ADDRESS		
CITY - ST - ZIP	PALM BAY, FL 32907		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, RAYMOND A		NAME		
STREET ADDRESS	437 VERONICA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PALM BAY, FL 32909		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 another like empowered.					
SIGNATURE: <i>Ronald J. McConnell Jr</i> 7/12/06 (321) 725-7516					

ATTACHMENT

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STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP		<input 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		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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 Section 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: *[Signature]* 2-27/06 320961-8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ATTACHMENT

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August 20, 2006

R# PO4000122750

FROM: A'S CUT ABOVE THE REST LAWN CARE, INC.
437 VERONICA AVENUE N.E
PALM BAY, FL 32907

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sirs:

It is my position to inform those concerned that A'S CUT ABOVE THE REST LAWN CARE, INC. had every intention of correctly filing and paying this annual report as required. Unfortunately the check of \$150.00 was mailed without the signed annual report statement as of 4/28/2006. It was returned with the check and mailed back with signed annual report with check of the initial amount of \$150.00. Through all of this correspondence Raymond A. Romero (president) was very distracted with the birth of his third son, Noah X. Romero born 6/29/2006, and important business facts were neglected. It is our hope that your office will understand enough to grant us the most possible latitude concerning this \$400.00 penalty as we were in a hardship.

Thank you respectively,

William Toole
Registered Agent

William G. Toole

Raymond A. Romero
President

Raymond A. Romero

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HEARING SCREENING

My Name Vargas, Boy Medical Record # 437164
Sex M My Birthdate 6/29/06 Time 12:42p Rm _____
Birth Weight 6 lbs. 1 oz. Length 19 in. Head 23/4 Chest 13/4
Mother's Doctor McTammany
My Doctor Ulrich

State of Florida



Department of State

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I certify from the records of this office that A'S CUT ABOVE THE REST LAWNCARE, INC. is a corporation organized under the laws of the State of Florida, filed on August 23, 2004.

The document number of this corporation is P04000122750.

I further certify that said corporation has paid all fees due this office through December 31, 2005, that its most recent annual report/uniform business report was filed on January 26, 2005, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (2-03)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Eighth day of February, 2005

Glenda E. Hood

Glenda E. Hood
Secretary of State