


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90245 013 \*\*\*150.00

<b>DOCUMENT # P04000148181</b>	
1. Entity Name <b>CUT 'N EDGE LAWN MAINTENANCE, INC.</b>	

Principal Place of Business <b>3423 CINCINNATI DRIVE HOLIDAY, FL 34691</b>	Mailing Address <b>3423 CINCINNATI DRIVE HOLIDAY, FL 34691</b>
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2. Principal Place of Business - No P.O. Box # <b>6241 WINDING BROOK DR</b>	3. Mailing Address <b>6241 WINDING BROOK DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NEWPORT RICHEY FL</b>	City & State <b>NEWPORT RICHEY</b>
Zip <b>34655</b>	Country <b>USA</b>
Zip <b>34655</b>	Country <b>USA</b>



04202008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>RUSHING, KELLY--- 3423 CINCINNATI DRIVE HOLIDAY, FL 34691</b>	
7. Name and Address of New Registered Agent Name <b>KELLY RUSHING</b> Street Address (P.O. Box Number is Not Acceptable) <b>6241 WINDING BROOK DR</b> City <b>NEWPORT RICHEY FL</b> Zip Code <b>34655</b>	

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 *Kelly Rushing* DATE 4/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSHING, ERICK D 3423 CINCINNATI DRIVE HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6241 WINDING BROOK DR NEWPORT RICHEY, FL 34655</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSHING, KELLY L 3423 CINCINNATI DRIVE HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6241 WINDING BROOK DR NEWPORT RICHEY FL 34655</b>
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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	<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	<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 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 all other like empowered.

SIGNATURE: *Kelly Rushing* DATE 4/25/08 727-376-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR