2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P04000154716 1. Entity Name CUTTING EDGE LAWN SERVICE OF SARASOTA, INC.					04-13-2005 90044 014 ***150.00				
Principal Plac	e of Business	Mailing Address		┥					
7337 CLARIES DR SARASOTA, FL 34243		7337 CLARIES DR SARASOTA, FL 34243		4 (231)(234)	11 EGIN G1E11 28111 G814 G8	(A) ((AA) A3)((A) B3(3)		HEEN () (53);	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Numb	(*		No	plied For t Applicable
Zip 	Country	Zip	Country		<u> </u>	of Status Desired	Fee	3.75 Add e Required	
	6. Name and Address of Current	Registered Agent	\longrightarrow	Name	7. Name and	d Address of New R	legistered Age	int	
SPIEGEL-& UTRERA, P.A. 1840 SW 22ND ST.			-	Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOOR MIAMI, FL 33145			}				·		
				City			FL	Zip Code	9
The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.						oth, in the State of Flo	orida. I am fam	illiar with,	and accept
SIGNATURE	* Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered	Agent signature require	ed when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				5.00 May Be Ided to Fees					
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DI	RECTORS	5 IN 11
TITLE			TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME	I					
CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP					
TITLE	VSTD	Delete	TITLE				——	Change	Addition
NAME	LEPAGE, SHERRY		NAME	1			_	1 Distingo	
STREET ADDRESS	7337 CLARIES DR		STREET	T ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-S	ST-ZIP					
TITLE NAME		☐ Delete	TITLE	1] Change	Addition
STREET ADDRESS			NAME STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S	1					
TITLE		☐ Delete	TITLE				E] Change	Addition Addition
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NAME			NAME						
NAME STREET ADDRESS CITY-ST-ZIP			- 1	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	A Code Control Project	☐ Delcte	STREET	T ADDRESS] Change	Addition
STREET ADDRESS CITY-ST-ZIP	A COMMITTEE OF THE COMM	☐ Delete	STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP] Change	Addition

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 tiple empowered.

SIGNATURE:

941-228-8857