

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021519

Entity Name: PERFECT CUT LAWN CARE, INC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

296 SABINAL ST
OCOE, FL 34761

New Principal Place of Business:

2337 DEER CREEK BLVD.
ST. CLOUD, FL 34772

Current Mailing Address:

296 SABINAL ST
OCOE, FL 34761

New Mailing Address:

2337 DEER CREEK BLVD.
ST. CLOUD, FL 34772

FEI Number: 71-0977836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWINSON, SEAN D
296 SABINAL ST
OCOE, FL 34761 US

Name and Address of New Registered Agent:

SWINSON, SEAN D
2337 DEER CREEK BLVD.
ST. CLOUD, FL 34772 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: SEAN SWINSON

02/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWINSON, SEAN D
Address: 296 SABINAL ST
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SWINSON, SEAN D
Address: 2337 DEER CREEK BLVD.
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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: SEAN SWINSON

P

02/02/2007

Electronic Signature of Signing Officer or Director

Date