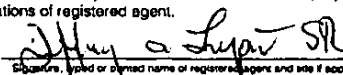
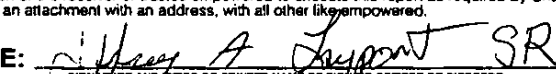


FILED
May 25, 2007 8:00 am
Secretary of State

05-02-2007 90103 029 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000059454		
1. Entity Name DIAMOND CUTS LAWN CARE, INC.		
Principal Place of Business 305 ARBUCKLE CREEK RD. LORIDA, FL 33857	Mailing Address P.O. BOX 54 LORIDA, FL 33857	
DO NOT WRITE IN THIS SPACE		
		66016879
		
		01042007 No Chg-P CR2E034 (11/05)
4. FEI Number 55-0895418		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LAYPORT, JEFFREY A SR 305 ARBUCKLE CREEK RD. LORIDA, FL 33857		DO NOT WRITE IN THIS SPACE
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:  SR Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYPORT, JEFFREY A P.O. BOX 54 LORIDA, FL 33857	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAYPORT, WENDY R P.O. BOX 54 LORIDA, FL 33857	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 all other like empowered. SIGNATURE:  SR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeffrey A. Layport		
		11/5/07 863-655-1973 Date Daytime Phone #