

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-11-2006 90109 032 ***150.00

DOCUMENT # P05000063185 1. Entity Name GREAT CUTS LAWN CARE, INC.			
Principal Place of Business 5972 LARIMER RD MCLENNY, FL 32063		Mailing Address 5972 LARIMER RD MCLENNY, FL 32063	
2. Principal Place of Business 5778 JB Hines Rd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5778 JB Hines Rd. <small>Suite, Apt. #, etc.</small>	
City & State Mcclenny FL Zip 32063		City & State Mcclenny FL Zip 32063	
4. FEI Number 510541083		Applied For <input type="checkbox"/> Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, ROBERT F 5972 LARIMER RD MCLENNY, FL 32063		7. Name and Address of New Registered Agent Name Collis Julian Gray Street Address (P.O. Box Number is Not Acceptable) 5778 JB Hines Rd. Mcclenny City FL Zip Code 32063	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P GRAY, ROBERT F 5972 LARIMER RD MCLENNY, FL 32063	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Collis Julian Gray 5778 JB Hines Rd. Mcclenny FL 32063
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
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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: Robert F. Gray		Date: 02/29/06	