

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000063185

**Entity Name:** GREAT CUTS LAWN CARE, INC.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5778 JB HINES RD  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 386  
GLEN SAINT MARY, FL 32040

**New Mailing Address:**

**FEI Number:** 51-0541083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, COLLIS J  
5778 JB HINES RD  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

GRAY, COLLIS J  
5778 J B HINES RD  
MACCLENNY, FL 32063 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/15/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAY, DARREN P  
Address: PO BOX 386  
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: VP  
Name: GRAY, COLLIS J  
Address: P.O. BOX 386  
City-St-Zip: GLEN ST MARY, FL 32040

I hereby 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 all other like empowered.

SIGNATURE: F W COOPER

ACCT

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date