2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000079596

1. Entity Name

NICK N CUT LANDSCAPING & MAINTENANCE, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

816 REEDY COVE CASSELBERRY, FL 32707 816 REEDY COVE CASSELBERRY, FL 32707



DO NOT WRITE IN THIS SPACE

04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2049248

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GREGORIEFF, NICHOLAS E 816 REEDY COVE CASSELBERRY, FL 32707

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, Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when refinitating) DATE						
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	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	05/14/08-80051-008 158.75	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORIEFF, NICHOLAS E 816 REEDY COVE CASSELBERRY, FL 32707					
-TITLE NAME STREET ADDRESS -CITY-ST-ZIP						
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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 elecute 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.						

NICHOUS E. GREGORIEFE

SIGNATURE AND TYPED OF PRINTING NAME OF SIGNING OFFICER OR DIRECTOR