

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000083808**

**1. Entity Name**  
**CUTTING EDGE LAWN & GROUNDS MAINTENANCE, INC**



**Principal Place of Business**  
**502 PONCE DELEON BLVD**  
**DELEON SPRINGS, FL 32130 US**

**Mailing Address**  
**502 PONCE DELEON BLVD**  
**DELEON SPRINGS, FL 32130 US**



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-2988458	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**MANCILLA, JUAN**  
**502 PONCE DELEON BLVD**  
**DELEON SPRINGS, FL 32130**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

<b>TITLE</b>	D,P
<b>NAME</b>	MANCILLA, JUAN
<b>STREET ADDRESS</b>	502 PONCE DELEON BLVD
<b>CITY-ST-ZIP</b>	DELEON SPRINGS, FL 32130

<b>TITLE</b>	D,ST
<b>NAME</b>	MANCILLA, LUZ MARIA
<b>STREET ADDRESS</b>	502 PONCE DELEON BLVD
<b>CITY-ST-ZIP</b>	DELEON SPRINGS, FL 32130

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**DO NOT WRITE  
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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:** Juan Mancilla  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07  
Date

Daytime Phone #