


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
---	---

DO NOT WRITE IN THIS SPACE

FILED
Jun 11, 2008 08:00 AM
Secretary of State

00000000



04052008 No Chg-P CR2E034 (11/05)

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

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MANCILLA, JUAN 502 PONCE DELEON BLVD DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,ST MANCILLA, LUZ MARIA 502 PONCE DELEON BLVD DELEON SPRINGS, FL 32130
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	

U00000952970
06/11/08-80001-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #