FILED
Jun 26, 2006 8:00 am
Secretary of State
05-24-2006 90008 035 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000094908

1. Entity Name
GRASS CUTTERS OF SWFL, INC.

Principal Place of Business	Mailing Address
1808 STEVENSON ROAD N FORT MYERS, FL 33917 US	1808 STEVENSON ROAD N FORT MYERS, FL 33917 US

05122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1818 Stevenson Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N Ft Myers FL	City & State
Zip: 33917 Country: US	Zip Country

4. FEI Number: 20-3113000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEMP, KENNETH
1808 STEVENSON ROAD
FORT MYERS, FL 33917

7. Name and Address of New Registered Agent

Name: Kenneth Kemp
Street Address (P.O. Box Number is Not Acceptable): 1818 Stevenson Rd
City: N Ft Myers FL Zip Code: 33917

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] ✓ 15 MAY 06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S. the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,S KEMP, KENNETH 1808 STEVENSON ROAD N FORT MYERS, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, VP, S, T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,T JACKSON, KRISTIFER T 4200 PINE ISLAND ROAD MATLACHA, FL 33993	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ✓ 15 MAY 06 357 5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #