
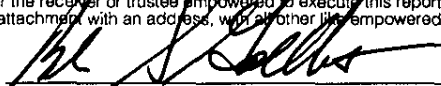


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000110287</b> 1. Entity Name <b>GREAT CUTZ LAWN CARE, INC.</b>																																																					
Principal Place of Business <b>1301 NORTH FFA ROAD FORT PIERCE, FL 34945</b>			Mailing Address <b>1301 NORTH FFA ROAD FORT PIERCE, FL 34945</b>																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State		City & State		01052008    Chg-P    CR2E034 (12/06)																																																	
Zip		Country		4. FEI Number <b>20-3276341</b>																																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																	
6. Name and Address of Current Registered Agent  <b>O'HEARN, JAMES J 2466 NE 17TH COURT JENSEN BEACH, FL 34957</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PS <input type="checkbox"/> Delete</td> <td style="width: 15%;">NAME</td> <td style="width: 25%;">GOLDSTEIN, BOB S</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1301 N FFA ROAD</td> <td>CITY-ST-ZIP</td> <td>FORT PIERCE, FL 34945</td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	PS <input type="checkbox"/> Delete	NAME	GOLDSTEIN, BOB S	STREET ADDRESS	1301 N FFA ROAD	CITY-ST-ZIP	FORT PIERCE, FL 34945	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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 another like empowered.																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <b>4/25/08</b>  <small>Date</small> </div> <div style="width: 30%;"> <b>772-911-3799</b>  <small>Daytime Phone #</small> </div> </div>																																																					