


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90017 001 \*\*\*150.00

<b>DOCUMENT # P05000114518</b>					
<b>1. Entity Name</b> BEST CUT LAWNS, INC.					
<b>Principal Place of Business</b> PMB 123 2750 RACETRACK RD.#305 FRUIT COVE, FL 32259			<b>Mailing Address</b> PMB 123 2750 RACETRACK RD.#305 FRUIT COVE, FL 32259		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03212006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 20-3320332				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DURKIN, JUSTIN 4608 W. CATBRIER CT. JACKSONVILLE, FL 32259			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURKIN, JUSTIN 4608 W. CATBRIER CT. JACKSONVILLE, FL 32259		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DURKIN, PAMELA 4608 W. CATBRIER CT. JACKSONVILLE, FL 32259		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
<b>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 fees empowered.</b>			SIGNATURE: <u>Justin Durkin</u> <b>JUSTIN DURKIN</b> 03/21/06    (904)361-8213		