2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149333

Entity Name: A CUT ABOVE LAWN CARE S.W.INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of	New Principal Place of Business:	
1147 MOCKINGBIRD LN NAPLES, FL 34104			
Current Mailing Address:	New Mailing Address	:	
1147 MOCKINGBIRD LN NAPLES, FL 34104			
FEI Number: 51-0558961 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		New Registered Agent:	
GRAY, BERNELL 1147 MOCKINGBIRD LN NAPLES FL, FL 34104 US	GRAY, BERNELL 1147 MOCKINGBIRD L NAPLES, FL 34104	N US	
The above named entity submits this statement for the puin the State of Florida.	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:		01/16/2009	
Electronic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P, () Delete Name: GRAY, BERNELL Address: 1147 MOCKINGBIRD LN City-St-Zip: NAPLES, FL 34104	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNELL GRAY PRES 01/16/2009