## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 12, 2008 08:00 A Secretary of State DOCUMENT # P06000010680 CLEAN CUT LAWN & LANDSCAPING, INC. Principal Place of Business Mailing Address 6197 PINE TREE DR 6197 PINE TREE DR FT MEADE, FL 33841 FT MEADE, FL 33841 02192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4113742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TEW, CHRISTOPHER B DO NOT WRITE 6197 PINE TREE DR FT MEADE, FL 33841 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 Signature, typed or printed name of registered agent and title if applicable DATE U00000855281 03/27/09-80042-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TEW, CHRISTOPHER B NAME 6197 PINE TREE DR STREET ADDRESS FT MEADE, FL 33841 CITY-ST-ZIP NAME TEW, DANA L STREET ADDRESS 8023 PINE CONFICT CITY-ST-ZIP FT MEADE, FL 33841 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

**FILED**