

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046065

FILED
Mar 13, 2009
Secretary of State

Entity Name: RITE CUT LAWN SERVICE INC.

Current Principal Place of Business:

1709 MCQUADE ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

3786 BLACKTHORN COURT
ORANGE PARK, FL 32073

New Mailing Address:

3306 HOLLYCREST BLVD
ORANGE PARK, FL 32065

FEI Number: 56-2578545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, HELENCE L
3786 BLACKTHORN COURT
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

MCDANIEL, HELENCE L
3306 HOLLYCREST BLVD
ORANGE PARK, FL 32065 US

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.

SIGNATURE:

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDANIEL, HELENCE L
Address: 3786 BLACKTHORN COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDANIEL, HELENCE L
Address: 3306 HOLLYCREST BLVD
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Change (X) Addition
Name: MCDANIEL, JAMES L
Address: 3306 HOLLYCREST BLVD
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Change (X) Addition
Name: MCDANIEL, JAMES L JR.
Address: 3306 HOLLYCREST BLVD
City-St-Zip: ORANGE PARK, FL 32065

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: HELENCE L. MCDANIEL

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date