

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-16-2007 90044 027 ***150.00

DOCUMENT # P06000119249 1. Entity Name CLOSE TO THE EDGE DITCHBANK MOWING, INC.					
Principal Place of Business 8098 PICOS ROAD FORT PIERCE, FL 34945			Mailing Address 8098 PICOS ROAD FORT PIERCE, FL 34945		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5572270	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAVER, TIMOTHY P 8098 PICOS ROAD FORT PIERCE, FL 34945				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GAVER, TIMOTHY P		NAME		
STREET ADDRESS	8098 PICOS ROAD		STREET ADDRESS		
CITY- ST- ZIP	FORT PIERCE, FL 34945		CITY- ST- ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GAVER, MARGARET M		NAME		
STREET ADDRESS	8098 PICOS ROAD		STREET ADDRESS		
CITY- ST- ZIP	FORT PIERCE, FL 34945		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 807, 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.					
SIGNATURE: <i>Margaret M Gaver</i>			2/5/07 772-201-0147		
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR			Date Daytime Phone #		