


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2008 8:00 am
Secretary of State

04-10-2008 90023 016 ****61.28
04-30-2008 90177 003 ****88.72

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
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5572270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GAVER, TIMOTHY P 8098 PICOS ROAD FORT PIERCE, FL 34945

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GAVER, TIMOTHY P
STREET ADDRESS	8098 PICOS ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	D
NAME	GAVER, MARGARET M
STREET ADDRESS	8098 PICOS ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 like empowered.

SIGNATURE: Timothy P. Gaver (Timothy P. Gaver) 3-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #