

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-21-2008 90027 010 ***150.00

DOCUMENT # P07600011453 1. Entity Name SOUTHERN EDGE LAWN SERVICE INC					
Principal Place of Business 2100 SARA LYNN DR. ST AUGUSTINE FL 32084			Mailing Address 2100 SARA LYNN DR. ST AUGUSTINE FL 32084		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-8314341	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAY, FREDERICK E JR 152 RIBERIA STREET ST AUGUSTINE FL 32085				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when "amending")					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY- ST- ZIP	VP DAY, FREDERICK E JR P O BOX 3709 ST AUGUSTINE FL 32085	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES DAY, CODY F P O BOX 3709 ST AUGUSTINE FL 32085	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			Date: 4-29-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 9-14-08		