

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021035

Entity Name: CUT ABOVE LAWN SERVICE, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

35 CEDAR DUNES
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

353 STACEY GROVE RD
OAK HILL, FL 32759

Current Mailing Address:

35 CEDAR DUNES
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

P.O. BOX 2624
NEW SMYRNA BEACH, FL 32170

FEI Number: 45-0552051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, ROBERT
35 CEDAR DUNES
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

BELL, ROBERT
353 STACEY GROVE RD
OAK HILL, FL 32759 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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BELL, ROBERT
Address: 35 CEDAR DUNES
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP/T () Delete
Name: BELL, CHERYL
Address: 35 CEDAR DUNES
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: BELL, CHERYL
Address: 35 CEDAR DUNES
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BELL, ROBERT
Address: 353 STACEY GROVE RD
City-St-Zip: OAK HILL, FL 32759

Title: VP/T (X) Change () Addition
Name: BELL, CHERYL
Address: 353 STACEY GROVE RD
City-St-Zip: OAK HILL, FL 32759

Title: S (X) Change () Addition
Name: BELL, CHERYL
Address: 353 STACEY GROVE RD
City-St-Zip: OAK HILL, FL 32759

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: ROBERT L BELL

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date