

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000021035

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CUT ABOVE LAWN SERVICE, INC.

**Current Principal Place of Business:**

353 STACEY GROVE RD  
OAK HILL, FL 32759

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
353 STACEY GROVE RD  
OAK HILL, FL 32759 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT BELL

P/D

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date