


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90348 037 ***150.00

DOCUMENT # P07000108795 1. Entity Name FRESH CUT LANDSCAPING GROUP, INC.					
Principal Place of Business 1550 JAROUS RD. COTTONDALE, FL 32421 US			Mailing Address 1550 JAROUS RD. COTTONDALE, FL 32421 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01142008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-1735699				Applied For Not Applicable	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, CLAYTON 1550 JAROUS R COTTONDALE, FL 32431			7. Name and Address of New Registered Agent Name NICHOLAS W. BAILEY Street Address (P.O. Box Number is Not Acceptable) 1550 JAROUS ROAD City COTTONDALE FL Zip Code 32431		
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 <u>NICHOLAS W. BAILEY</u> <i>Nicholas W. Bailey</i> 11/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BAILEY, CLAYTON 1550 JAROUS RD. COTTONDALE, FL 32421 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, NICHOLAS W. 2550 JAROUS ROAD COTTONDALE, FLORIDA 32431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, NICK 1550 JAROUS RD. COTTONDALE, FL 32421 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINCH, MITCHELL P. O. BOX 780 BONIFAY, FLORIDA 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINCH, MITCHELL 1550 JAROUS RD. COTTONDALE, FL 32421 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Nicholas W. Bailey</i></u> 11/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					