

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000113192

Entity Name: MARK'S DIAMOND CUT LAWN CARE, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1110 FATIO ROAD
DELAND, FL 32720

New Principal Place of Business:

1527 W. EUCLID AVE
DELAND, FL 32720

Current Mailing Address:

1110 FATIO ROAD
DELAND, FL 32720

New Mailing Address:

1527 W. EUCLID AVE
DELAND, FL 32720

FEI Number: 26-1318328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, MARK
1110 FATIO ROAD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

WEST, MARK
1527 W. EUCLID AVE
DELAND, FL 32720 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: MARK D. WEST

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: PD () Delete
Name: WEST, MARK
Address: 1110 FATIO ROAD
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES () Change (X) Addition
Name: WEST, SHARON A
Address: 1527 W. EUCLID AVE
City-St-Zip: DELAND, FL 32720

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: SHARON A. WEST

TRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date