

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090545

FILED  
May 01, 2009  
Secretary of State

Entity Name: QUALITY CUTS LAWN CARE, INC.

**Current Principal Place of Business:**

24452 LAKEVIEW PL  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

24452 LAKEVIEW PL  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

FEI Number: 26-4426179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBER, STEPHEN  
24452 LAKEVIEW PL  
PORT CHARLOTTE, FL 33980 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

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: PVST ( ) Delete  
Name: WEBER, STEPHEN  
Address: 24452 LAKEVIEW PL  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D ( ) Delete  
Name: WEBER, STEPHEN  
Address: 24452 LAKEVIEW PL  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D ( ) Delete  
Name: WEBER, DANIELLE  
Address: 24452 LAKEVIEW PLACE  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: STEPHEN WEBER

PVST

05/01/2009

Electronic Signature of Signing Officer or Director

Date