

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003105

Entity Name: A FRESH CUT LAWN CARE, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

140 TOMAHAWK DR.  
BEAHCOSIDE MINNSTONE, LLC  
INDIAN HARBOR BEACH, FL 32937

## New Principal Place of Business:

## Current Mailing Address:

150 SHERWOOD AVENUE  
SATELLITE BEACH, FL 32937

## New Mailing Address:

FEI Number: 59-3487864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOGAN, JANNA  
150 SHERWOOD AVENUE  
SATELLITE BEACH, FL 32937 US

## Name and Address of New Registered Agent:

HOGAN, JANNA PRES.  
150 SHERWOOD AVENUE  
SATELLITE BEACH, FL 32937 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: HOGAN JANNA

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOGAN, JANNA  
Address: 150 SHERWOOD AVENUE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: O ( ) Delete  
Name: FRANCIS, ROY  
Address: 181 EAST OAKRIDGE ST.  
City-St-Zip: SATELLITE BEACH, FL 32937

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HOGAN, JANNA  
Address: 150 SHERWOOD AVENUE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: O (X) Change ( ) Addition  
Name: FORSCHINO, CHAD  
Address: 181 EAST OAKRIDGE ST.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: O ( ) Change (X) Addition  
Name: HOGAN, JONATHAN  
Address: 150 SHERWOOD AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

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: HOGAN JANNA

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date