

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006355

FILED
Jul 01, 2004
Secretary of State

Entity Name: THE CUTTING EDGE SUPERIOR LANDSCAPE MAINTENANCE INC.

Current Principal Place of Business:

11080 NW 43 COURT
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15034
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0412874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, STEVEN J
11080 NW 43 COURT
CORAL SPRINGS, FL 33065

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: D () Delete
Name: THOMAS, STEVEN J
Address: PO BOX 15034
City-St-Zip: PLANTATION, FL 33318

Title: V () Delete
Name: THOMAS, HELEN A
Address: 11080 NW 43 COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VS () Delete
Name: THOMAS, KENNETH W
Address: PO BOX 364
City-St-Zip: EDDYVILLE, KY 42038

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 for the exemption stated in Section 119.07(3)(i), 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: STEVEN J THOMAS

D

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date