


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000080152	
1. Entity Name CLASSY CUTS LAWN CARE, INC.	

Principal Place of Business 3246 55TH AVENUE NORTH SAINT PETERSBURG, FL 33714 US	Mailing Address 3246 55TH AVENUE NORTH SAINT PETERSBURG, FL 33714 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONROE, ROY F
4633 70TH AVENUE NORTH
PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: 09/18/08-80002-005 150.00

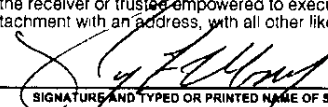
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONROE, ROY F
STREET ADDRESS	3246 55TH AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  9-16-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9-16-08 Daytime Phone #

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3537454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required