


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90069 030 ***150.00

DOCUMENT # P98000092311 1. Entity Name A CUT ABOVE LANDSCAPE AND MAINTENANCE, INC.	
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Principal Place of Business 14095 43RD ROAD NORTH LOXAHATCHEE, FL 33470	Mailing Address 14095 43RD ROAD NORTH LOXAHATCHEE, FL 33470
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DO NOT WRITE IN THIS SPACE

90069



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0884953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEYOND ACCOUNTING & BOOKKEEPING, INC. 1801 S. FEDERAL HWY SUITE 238 DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ROCKETT, DAMON 14095 43RD ROAD NORTH LOXAHATCHEE, FL 33470
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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 lists empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____