

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P99000020806 | |
| 1. Entity Name A CLASSY CUT PROPERTY MAINTENANCE SERVICE, INC. | |
| Principal Place of Business 5161 PALM WAY LAKE WORTH, FL 33463 | Mailing Address 5161 PALM WAY LAKE WORTH, FL 33463 |



8/01/06 90003 008 \$550.00
09122006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0905212 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent NILL, A. JOSEPH 5161 PALM WAY LAKE WORTH, FL 33463 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006 | 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. |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD NILL, A. JOSEPH 5161 PALM WAY LAKE WORTH, FL 33463 |
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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 like empowered.

SIGNATURE: A Joseph Nill A Joseph Nill 9/1/06 561-5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2629