

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # V50506

1. Entity Name

A CUT ABOVE TREE & LANDSCAPE, INC.



Principal Place of Business

218 OVERLOOK DR.
P.O. BOX 652
CHULUOTA, FL 32766

Mailing Address

218 OVERLOOK DR.
P.O. BOX 652
CHULUOTA, FL 32766



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3136035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STANSELL, KELLY
218 OVERLOOK DRIVE
CHULUOTA, FL 32766

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000113348
04/15/04-800005-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STANSELL, HENRY
STREET ADDRESS	218 OVERLOOK DRIVE
CITY-ST-ZIP	CHULUOTA, FL
TITLE	D
NAME	STANSELL, KELLY
STREET ADDRESS	218 OVERLOOK DRIVE
CITY-ST-ZIP	CHULUOTA, FL
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/04 407 849 1957