## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 652943** 

Title:

Name:

Address:

City-St-Zip:

**Entity Name: TURF TECH INCORPORATED** 

FILED Jan 23, 2006 Secretary of State

Littly Name. TORE FEOTINGORFORATED							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	OHNS BLUFF F VILLE, FL 3224						
Current Mailing Address:			New Maili	New Mailing Address:			
2353 ST JOHNS BLUFF RD S. JACKSONVILLE, FL 32246							
FEI Number: 59-1993686 FEI Number Applied For ( ) FEI N		FEI Number Not Appl	mber Not Applicable ( ) Certificate of Status Desir		red ( )		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
MOREAU, GARY R 12815 FORT CAROLINE ROAD JACKSONVILLE, FL 32225 US							
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered office	e or registered agen	t, or both,	
SIGNATUR							
		Signature of Registered Agen	t	Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I MOREAU, GARY 12815 FORT CA JACKSONVILLE,	ROLINE ROAD	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition		
Title: Name: Address: City-St-Zip:	T ()[ MUDD, JEFF, 7319 MARTINGL JACKSONVILLE,		Title: Name: Address: City-St-Zip:	T (X) Cha MUDD, JEFF, 12248 BITTERCREI JACKSONVILLE, FL			
Title: Name: Address: City-St-Zip:	V () I MOREAU, VICTO 5059 MARINERS JACKSONVILLE,	POINT DR.	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARY R MOREAU P 01/23/2006

() Delete

12815 FORT CAROLINE ROAD

JACKSONVILLE, FL 32225

MOREAU, LISA

() Change () Addition