2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 652943

MOREAU, LISA

12815 FORT CAROLINE ROAD

JACKSONVILLE, FL 32225

Name:

Address:

City-St-Zip:

FILED Jan 03, 2007 Secretary of State

Entity Nan	ne: TURF	TECH INCORPOR	ATED					'		
Current Principal Place of Business:				New	New Principal Place of Business:					
2353 ST JO JACKSON										
Current Mailing Address:				New Mailing Address:						
2353 ST JO JACKSON										
FEI Number:	59-1993686	FEI Number App	olied For()	FEI Number No	t Applicable	e ()	Certifica	ate of Status	s Desired ()	
Name and	Name	Name and Address of New Registered Agent:								
MOREAU, GARY R 12815 FORT CAROLINE ROAD JACKSONVILLE, FL 32225 US				12815	MOREAU, GARY R MR 12815 FORT CAROLINE ROAD JACKSONVILLE, FL 32225 US					
The above in the State		ity submits this state	ement for the pu	rpose of chan	ging its re	gistered o	ffice or r	egistered	agent, or both,	
SIGNATUR		01/03/2007								
	Elect	ronic Signature of F	Registered Agen	t				Date		
Election Carr	npaign Finan	cing Trust Fund Contr	ibution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:		() Delete SARY R., T CAROLINE ROAD ILLE, FL 32225		Title: Name: Addres City-St		()	Change	() Addition		
Title: Name: Address: City-St-Zip:		() Delete F, ERCREEK LN ILLE, FL 32225		Title: Name: Addres City-St		()	Change	() Addition		
Title: Name: Address: City-St-Zip:		() Delete /ICTOR A., NERS POINT DR. ILLE, FL 32225		Title: Name: Addres City-St	s: 235	(X) REAU, COR 3 ST JOHNS CKSONVILLE	EY, S BLUFF I			
Title:	S	() Delete		Title:	s	(X)) Change	() 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.

Name:

Address:

City-St-Zip:

MOREAU, ANDY

12815 FORT CAROLINE ROAD

JACKSONVILLE, FL 32225

SIGNATURE: GARY R MOREAU P 01/03/2007