

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 652943

Entity Name: TURF TECH INCORPORATED**Current Principal Place of Business:**2353 ST JOHNS BLUFF RD S.
JACKSONVILLE, FL 32246**Current Mailing Address:**2353 ST JOHNS BLUFF RD S.
JACKSONVILLE, FL 32246**FEI Number:** 59-1993686**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOREAU, GARY RMR
12815 FORT CAROLINE ROAD
JACKSONVILLE, FL 32225 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MOREAU, GARY R.
Address	12815 FORT CAROLINE ROAD
City-State-Zip:	JACKSONVILLE FL 32225

Title	S
Name	MIXON, ANTHONY RMR
Address	3459 PEACH DRIVE
City-State-Zip:	JACKSONVILLE FL 32246

Title	V
Name	MOREAU, COREY
Address	2353 ST JOHNS BLUFF RD.S.
City-State-Zip:	JACKSONVILLE FL 32246

Title	T
Name	MOREAU, ANDY MR
Address	12815 FORT CAROLINE ROAD
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP
Name	MOREAU, LISA A
Address	2353 ST JOHNS BLUFF RD S.
City-State-Zip:	JACKSONVILLE FL 32246

I hereby 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 all other like empowered.

SIGNATURE: GARY MOREAU**PRESIDENT****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date