

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000049508

**Entity Name:** CIRCLE T SOD FARMS, INC

**Current Principal Place of Business:**

7020 S MAXWELL POINT  
HOMOSASSA, FL 34446

**FILED**  
**Apr 05, 2014**  
**Secretary of State**  
**CC5778032730**

**Current Mailing Address:**

7020 S MAXWELL POINT  
HOMOSASSA, FL 34446 US

**FEI Number: 20-4648465**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LETURNO, TRAVIS K  
7020 S MAXWELL POINT  
HOMOSASSA, FL 34446 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 LETURNO, TRAVIS K  
Address 7020 S MAXWELL POINT  
City-State-Zip: HOMOSASSA FL 34446

Title VP  
Name LETURNO, LARRY R  
Address 7020 S MAXWELL POINT  
City-State-Zip: HOMOSASSA FL 34446

Title SEC  
Name LETURNO, TRAVIS K  
Address 7020 S MAXWELL POINT  
City-State-Zip: HOMOSASSA FL 34446

Title TREA  
Name LETURNO, LARRY R  
Address 7020 S MAXWELL POINT  
City-State-Zip: HOMOSASSA FL 34446

*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: TRAVIS LETURNO**

**PRESIDENT**

**04/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date