

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 434628**

1. Entity Name  
NU-TURF SOD OF POMPANO BEACH, INC.



Principal Place of Business  
2801 N. DIXIE HWY.  
POMPANO BEACH, FL 33064

Mailing Address  
2801 N. DIXIE HWY.  
POMPANO BEACH, FL 33064



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1478228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MURPHY, APRIL J.  
5537 N CAMEO DR  
BOCA RATON, FL 33433

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000871782  
04/10/08-80006-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MURPHY, APRIL
STREET ADDRESS	5537 N CAMEO DR
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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 exemptions contained 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 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:**

*April J. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-08  
Date

954-942-8409  
Daytime Phone #