2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90047 023 ***150.00

DOCUMENT # 501071

1. Entity Name
TURFGRASS PRODUCTS, INC.

Principal Place of Business	Mailing Address
3669 NW 124 AVE CORAL SPRINGS FL 33065 US	3669 NW 124 AVE CORAL SPRINGS FL 33065 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1471 Capital Circle NW	1471 Capital Circle NW
Suite, Apt. #, etc.: Ste #13	Suite, Apt. #, etc.: Ste # 13
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. FEI Number 59-1679547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASCARO, JOHN C.T. 10840 N.W. 45TH STREET CORAL SPRINGS FL 33065	Name: MASCARO, John C.T. Street Address (P.O. Box Number is Not Acceptable): 922 Barrie Ave City: Tallahassee FL Zip Code: 32303

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 _____ John Mascaro 3/29/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PTS MASCARO, JOHN C.T. 10840 N.W. 45TH STREET CORAL SPRINGS FL	☒ Delete	PTS Mascaro, John C.T. 922 Barrie Ave Tallahassee FL 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V MASCARO, JOHN C.T. 10840 N.W. 45TH STREET CORAL SPRINGS FL	☐ Delete	V MASCARO, John C.T. 922 Barrie Ave Tallahassee, FL 32303	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ John Mascaro 3/29/07 (850)580-4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #