

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90003 039 \*\*\*150.00

**DOCUMENT # 562505**

1. Entity Name  
**TOP TURF MANAGEMENT INC.**



Principal Place of Business

P.O. BOX 98  
LOXAHATCHEE, FL 33470 US

Mailing Address

P.O. BOX 98  
LOXAHATCHEE, FL 33470 US



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2140617**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**ECHOLS, PHILIP T.**  
**14200 ASTER AVE.**  
**W. PALM BCH., FL 33414**

**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 establishing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ECHOLS, PHILIP T.
STREET ADDRESS	P.O. BOX 98
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	VP
NAME	Bruce Carter
STREET ADDRESS	30003 SW Martin Hwy
CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(i), 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:**

**Philip Echols - Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/1000 Phone #

Attachment

4404 9061



## Division of Corporations

## 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

562505

Business Entity Name

TOP TURF MANAGEMENT INC.

Original File Date

03/21/1978

FEI Number 59-2140617

Principal Address P.O. BOX 98  
LOXAHATCHEE, FL 33470 USMailing Address P.O. BOX 98  
LOXAHATCHEE, FL 33470 USRegistered Agent PHILIP T. ECHOLS  
14200 ASTER AVE.  
W. PALM BCH., FL 33414 US

## Officer/Director Name And Address

PD  
PHILIP T. ECHOLS  
P.O. BOX 98  
LOXAHATCHEE, FL 33470

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct  
and you do not wish to make any  
changes, please select:

No Changes

If you need to make changes to  
the above information, please  
select:

Make Changes

*Attachment*

*44049061*  
*# 562505*

# **TOP TURF MANAGEMENT, INC.**

July 10, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

REF: 59-2140617

Attached please find the 2004 Top Turf Management, Inc. Corporation Annual Report.

We did not receive the renewal card and hope this will enable us to file at this late date.

Sincerely,



Philip Echols  
President