2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 04, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State DOCUMENT # 692087** 1. Entity Name 02-04-2004 90068 022 ***150.00 CENTRAL FLORIDA TURF, INC. Principal Place of Business Mailing Address 4516 E. KINSEY ROAD 4516 E. KINSEY ROAD 24007579 **AVON PARK FL 33825** AVON PARK FL 33825 2. Principal Place of Business 3. Mailing Address 301 Box Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) State City & State 4. FEI Number Applied For 59-2104162 Not Applicable 4000 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Horstine HARSTINE, JEFF 4516 EAST KINSEY ROAD Address (P.O. Box Number is Not Acceptable) **AVON PARK FL 33825** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS STD TITLE TITLE Addition □ Delete Davis, Rodney A. 301 Bouth Featin Avenue NAME DAVIS, RODNEY A NAME 4516 EAST KINSEY ROAD STREET ADDRESS STREET ADDRESS Auon Park, FZ 33825 CITY-ST-ZIP AVON PARK FL CITY-ST-ZIP PDV TITLE ☐ Delete Harstine, Jeff HARSTINE, JEFF NAME 4516 EAST KINSEY ROAD STREET ADDRESS STREET ADDRESS AVON PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 employered of the corporation or the receiver or trustee employered of the corporation or the receiver or trustee employered of the corporation of the corporation or the receiver or trustee employered of the corporation of the receiver or trustee employered of the corporation of the receiver or trustee employered of the corporation or the receiver or trustee employered of the corporation of the corporation of the corporation of the receiver or trustee employered of the corporation of the corporation of the receiver of trustee employered of the corporation of the receiver of trustee employered of the corporation of the corporation of the receiver of trustee employered of the corporation of the corporation of the receiver of trustee employers of the corporation of the receiver of trustee employers of the corporation of th changed, or on an attachment with an add łke empowered.

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