2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jan 09, 2006 8:00 am Secretary of State **DOCUMENT #692087** 01-09-2006 90028 040 ***150.00 1. Entity Name CENTRAL FLORIDA TURF, INC. Principal Place of Business Mailing Address 301 S FEAGIN AVE, 301 S FEAGIN AVE. AVON PARK, FL 33825 AVON PARK, FL 33825 3. Mailing Address 2. Principal Place of Business 303 South Feagin Ave Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01052006 Chg-P City & State 4. FEI Number Applied For City & State 59-2104162 Not Applicable Avon Park, Florida Country Highlands \$8.75 Additional Zip 5. Certificate of Status Desired \Box 33825 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Harstine, Jeff HARSTINE, JEFF Street Address (P.O. Box Number is Not Acceptable) 301 S FEAGIN AVE. AVON PARK, FL 33825 303 South Feagin Avenúe Zip Code 33825 Avon Park 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. STD X) Change ☐ Addition STD TITLE TITLE ☐ Delete Davis, Rodney 303 South Feagin Avenue NAME DAVIS, RODNEY A NAME STREET ADDRESS 301S FEAGIN AVE. STREET ADDRESS Avon Park, Florida 33825 CITY-ST-ZIP CITY+ST-ZIP AVON PARK, FL 33825 Change PDV PDV ☐ Addition TITLE Delete TITLE Harstine, Jeff 303 South Feagin Avenue Avon Park, Florida 338 HARSTINE, JEFF NAME NAME STREET ADDRESS 301 S FEAGIN AVE. STREET ADDRESS 33825 CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ■ Addition TITI F TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of pustee of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment v

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