2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN Secretary of State

	MILITORE	174- 0171			0an 23	, 2000	00.00 D
1. Entity Nan	MENT # F42195 STURF AND GARDEN, INC.				Sec	retary	of State
Principal Plac	ce of Business	Mailing Address		1			
3912 SOUTH MIRAMAR, FI	H STATE RD #7 L 33023	3912 SOUTH STATE RD #7 MIRAMAR, FL 33023				i Bibli bibli bibli bibli	
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E	O NOT WRITE	CE	01192006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For				
				59-211			Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent				· · · · · · · · · · · · · · · · · · ·	
3912 S ST	TI, TERRY ATE RD #7 c, FL 33023			NOT W THIS SP			
the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	ed office or register	red agent, or bo	ih, in the State of Flo	rida. 1 am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registers	d Agens signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					•
TITLE	PT TERRY						•
NAME STREET ADDRESS	ANGELOTTI, TERRY 3912 S STATE RD 7						
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DILE	vs		1		01/25/06-	80045-008	3 150.00
NAME	ANGLEOTTI, BEVERLY						
STREET ADDRESS	3912 S STATE RD 7		j				
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	eartify that the information or malicel with this	a filing dage pat supplify for the pur		in Chamber 110	Carle Carles 11		

12. 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 cath; 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: SIGNATURE AND TYPED OR PROTEED NAME OF SIGNING OFFICER OR DIRECTOR DECEMBER 1/19/06

Deta Designer Phone #