

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G81088

1. Entity Name
TURFGRASS MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

11227 DEAD RIVER RD.
TAVARES, FL 32778 US

Mailing Address

C/O ROBERT R CYRUS
P.O. BOX 491635
LEESBURG, FL 34749-1635 US

FILED
Mar 11, 2005 08:00 AM
Secretary of State



03062005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2363638

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CYRUS, ROBERT R.
214 NORTH THIRD STREET
SUITE A
LEESBURG, FL 34748

**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 reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WHITE, RALPH W. 11227 DEAD RIVER RD TAVARES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WHITE, PATRICIA A. 11227 DEAD RIVER RD TAVARES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/12/05-80004-002 150.00

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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)(f), 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: Patricia A. White - Patricia A. White 3/9/05 352-343-1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #