


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90194 040 ***150.00

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| DOCUMENT # H68194 |  |
| 1. Entity Name PROFESSIONAL TURF & LANDSCAPE SERVICES, INC. | |

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| Principal Place of Business 1132 N. CO. HWY 395 SANTA ROSA BEACH FL 32459 US | Mailing Address 1132 N. CO. HWY 395 SANTA ROSA BEACH FL 32459 US |
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| 2. Principal Place of Business 313 E. Co. Hwy 147 Suite, Apt. #, etc. | 3. Mailing Address 21452 U.S. Hwy 331 N Suite, Apt. #, etc. |
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|--------------------------------------|---|
| City & State Daxton FL | City & State Laurel Hill FL |
| Zip 32538 | Zip 32567 |
| Country USA | Country USA |

4. FEI Number 59-2554089 **Applied For** ☐ **Not Applicable** ☒

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

6. Name and Address of Current Registered Agent
RANDALL K. FULLER
1132 N. CO. HWY 395
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent
Name: Randall K. Fuller Sr.
Street Address (P.O. Box Number is Not Acceptable):
21452 U.S. Hwy 331 N
City: Laurel Hill FL Zip Code: 32567

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 Fuller Randall K. Fuller Sr. **DATE** 4/24/06

(Signature, hand or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PS NAME FULLER, RANDALL K PS STREET ADDRESS 1130 N. CO. HWY 395 CITY-ST-ZIP SANTA ROSA BCH FL 32459 | <input type="checkbox"/> Delete |
| TITLE VT NAME FULLER, TERRY H VT STREET ADDRESS 1130 N. CO. HWY 395 CITY-ST-ZIP SANTA ROSA BEACH FL 32459 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PS NAME Fuller, Randall K Sr. STREET ADDRESS 21452 U.S. Hwy 331 N. CITY-ST-ZIP Laurel Hill, FL 32567 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VT NAME Fuller, Terry H. STREET ADDRESS 21452 U.S. Hwy 331 N. CITY-ST-ZIP Laurel Hill, FL 32567 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Fuller Randall K. Fuller Sr. **DATE** 4/24/06 **Daytime Phone #** 850-978-0261

(Signature and typed or printed name of signing officer or director)