


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90167 008 \*\*\*150.00

**DOCUMENT # H68194**

1. Entity Name  
**PROFESSIONAL TURF & LANDSCAPE SERVICES, INC.**



Principal Place of Business      Mailing Address

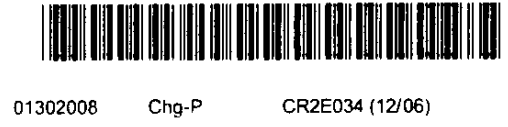
313 E COUNTY HWY 147      313 E COUNTY HWY 147  
 PAXTON, FL 32538 US      PAXTON, FL 32538 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number      Applied For

59-2554089      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RANDALL K. FULLER**  
 21452 US HWY 331 N  
 LAUREL HILL, FL 32567

**7. Name and Address of New Registered Agent**

Name: Randall K Fuller Sr  
 Street Address (P.O. Box Number is Not Acceptable):  
313 E. Co. Hwy 147  
 City: Paxton      State: FL      Zip Code: 32538

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 of Registered Agent or Registered Agent/Secretary (Not Applicable)      Title of Registered Agent or Registered Agent/Secretary (Not Applicable)      Date

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PS	<input type="checkbox"/> Delete
NAME	FULLER, RANDALL K PS	
STREET ADDRESS	21452 US HWY 331 N	
CITY, ST, ZIP	LAUREL HILL, FL 32567	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FULLER, TERRY H VT	
STREET ADDRESS	21452 US HWY 331 N	
CITY, ST, ZIP	LAUREL HILL, FL, 32567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall K. Fuller Sr.	
STREET ADDRESS	313 E. Co. Hwy 147	
CITY, ST, ZIP	Paxton, FL 32538	
TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry H. Fuller	
STREET ADDRESS	313 E. Co. Hwy 147	
CITY, ST, ZIP	Paxton, FL 32538	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]      4/28/08      Pres.      850-834-4673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR