


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90068 011 \*\*\*150.00

<b>DOCUMENT # H90002</b> 1. Entity Name MCINTURF ENTERPRISES, INC.	
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Principal Place of Business C/O JIM SHORE 6300 STIRLING RD HOLLYWOOD, FL 33024 US	Mailing Address C/O JIM SHORE 6300 STIRLING RD HOLLYWOOD, FL 33024 US
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2757765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SHORE, JIM  
6300 STIRLING RD  
HOLLYWOOD, FL 33024

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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CYPRESS, MITCHELL
STREET ADDRESS	6300 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	VP
NAME	OSCEOLA, MOSES B
STREET ADDRESS	6300 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	ST
NAME	OSCEOLA, MAX B JR
STREET ADDRESS	6300 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mitchell Cypress 1-16-07 954-966-6300

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #