

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2004
Secretary of State**

DOCUMENT# J54237

Entity Name: WESCO TURF, INC.

Current Principal Place of Business:

2101 CANTU CT.
SARASOTA, FL 342326242

New Principal Place of Business:

2101 CANTU CT.
SARASOTA, FL 34232

Current Mailing Address:

2101 CANTU CT.
SARASOTA, FL 342326242

New Mailing Address:

2101 CANTU CT.
SARASOTA, FL 34232

FEI Number: 59-2763187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAMBLE, WILLIAM J.
241 SHELL MIDDEN CT.
OSPREY, FL 34229

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: GAMBLE, WILLIAM J III
Address: 241 SHELL MIDDEN CT.
City-St-Zip: OSPREY, FL

Title: VD () Delete
Name: GAMBLE, WILLIAM J IV
Address: 2101 CANTU CT
City-St-Zip: SARASOTA, FL 34232

Title: VSD () Delete
Name: MOORE, LENARD W
Address: 2101 CANTU CT
City-St-Zip: SARASOTA, FL 34232

Title: V () Delete
Name: WEEKS, BRUCE F.,
Address: 2101 CANTU CT
City-St-Zip: SARASOTA, FL 34232

Title: V () Delete
Name: CONLON, FARRELL
Address: 2101 CANTON CT
City-St-Zip: SARASOTA, FL 34232

Title: V () Delete
Name: DUGGINS, PATRICK
Address: 2101 CANTU COURT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: GAMBLE, WILLIAM J III
Address: 2101 CANTU CT
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CONLON, FARRELL
Address: 2101 CANTU CT
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENARD W. MOORE

VSD

02/17/2004

Electronic Signature of Signing Officer or Director

_____ Date