


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J54237
1. Entity Name
WESCO TURF, INC.



Principal Place of Business Mailing Address
2101 CANTU CT. 2101 CANTU CT.
SARASOTA, FL 34232 SARASOTA, FL 34232



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2763187	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

UN00007478207
04/07/06-80021-021 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GAMBLE, WILLIAM J III 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMBLE, WILLIAM J IV 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOORE, LENARD W 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEEKS, BRUCE F 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONLON, FARRELL 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUGGINS, PATRICK 2101 CANTU COURT SARASOTA, FL 34232

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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:  3/13/06 941.377.6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #