


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90001 010 ***158.75

DOCUMENT # J54237

1. Entity Name
WESCO TURF, INC.



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

Mailing Address
**2101 CANTU CT.
 SARASOTA, FL 34232**

40041001



03192007 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 - -

6. Name and Address of Current Registered Agent

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

MAR 22 2007
DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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

DO NOT WRITE IN THIS SPACE

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:  **3/19/07** **941.377.6777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #