


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L49363
 1. Entity Name
GREENTURF SERVICES, INC.



Principal Place of Business 3904 FLOYD RD TAMPA, FL 33624 US	Mailing Address 3904 FLOYD RD. TAMPA, FL 33624 US
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2989557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON MARTINEZ, JR.
 3904 FLOYD RD
 TAMPA, FL 33624

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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 restating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARTINEZ, NELSON, JR. 3904 FLOYD RD. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MARTINEZ, NELSON, SR. 3904 FLOYD RD. TAMPA, FL 33624
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/18/05-80006-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nelson Martinez, Jr.* **Nelson Martinez, Jr.** 5-2-05 933-2647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #