

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90144 028 ****70.00

DOCUMENT # N97000002454 1. Entity Name TURF EQUIPMENT SERVICE TECHNICIANS ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 623 ESTERO, FL 33928			Mailing Address POST OFFICE BOX 623 ESTERO, FL 33928		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3438476	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PERZ, WILLIAM J 13565 EAGLE RIDGE DR #1134 FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name JASON TICKNOR Street Address (P.O. Box Number is Not Acceptable) 720 22nd ST. S.E. City NAPLES FL Zip Code 34117	
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		President		3-15-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, WILLIAM PO BOX 623 ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jason Ticknor 720 22nd St SE Naples FL 34117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRAZELTON, DONALD 28615 CLINTON LA BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dean Lindquist 146.3 Lillypop Ln. Naples FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREE, GLEN R 21580 BRIXHAM RUN LOOP ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joseph W Stidham 7495 San Carlos Blvd. Ft. Myers FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHAN, DONALD W 1208 COMMONWEALTH CIR UNIT 206 NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tim Cook PO Box 856 Naples FL 34106-0856	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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:			3-15-06 (239)353-9802 x24		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		