2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002454

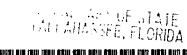
1. Entity Name
TURF EQUIPMENT SERVICE TECHNICIANS
ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 623 ESTERO, FL 33928 Mailing Address

POST OFFICE BOX 623 ESTERO, FL 33928 FILED 07 MAY -3 PH 1: 24





DO NOT WRITE IN THIS SPACE

04112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3438476

Applied For Not Applicable

5. Certificate of Status Desired

M

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TICKNOR, JASON 720 22ND ST SE NAPLES, FL 34117

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 Fiorida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan- Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TICKNOR, JASON 720 22ND ST SE NAPLES, FL 34117		Artu	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDQUIST, DEAN 146 3 LOLLY POP LN NAPLES, FL 34112		400103030104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIDNAM, JASEPH W 7495 SAN CARLOS BLVD FORT MYERS, FL 33912		05,∕22,∕0701042017 **•69.00 DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, TIM POB 856 NAPLES, FL 341060856		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information				

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:

MATURE OF TYPET OF PRINTED MANY OF SIGNING OFFICE OF PURPLETOR

4/18/07

239-353-9902

Daytime Phone 6