

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90002 005 ***150.00

DOCUMENT # P00000004491



1. Entity Name

WORK THE TURF, INC.

Principal Place of Business

3705 WOOD DUCK DRIVE
MIMS FL 32754

Mailing Address

3705 WOOD DUCK DRIVE
MIMS FL 32754



2. Principal Place of Business

1510 OLD DIXIE HWY.

Suite, Apt. #, etc.

3. Mailing Address

1510 OLD DIXIE HWY.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

Titusville FL

City & State

Titusville, FL

4. FEI Number

59-3615089

Applied For

Not Applicable

Zip

32796

Country

USA

Zip

32796

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESTER, AMY G
3705 WOOD DUCK DRIVE
MIMS FL 32754

7. Name and Address of New Registered Agent

Name

SAME AGENT

Street Address (P.O. Box Number is Not Acceptable)

1510 OLD DIXIE HWY.

City

Titusville

FL

Zip Code

32796

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LESTER, STEVEN M
STREET ADDRESS 3705 WOOD DUCK DRIVE
CITY - ST - ZIP MIMS FL 32754 ☐ Delete

TITLE VD
NAME LESTER, AMY G
STREET ADDRESS 3705 WOOD DUCK DRIVE
CITY - ST - ZIP MIMS FL 32754 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Gail LESTER

8-2-06

321-268-2975

Date

Daytime Phone #