

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 AM 9:04

<b>DOCUMENT # P0000045449</b> 1. Entity Name <b>ENVIRONMENTAL TURF, INC.</b>	
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Principal Place of Business <b>4366 E. KINSEY RD AVON PARK, FL 33825</b>	Mailing Address <b>4366 E. KINSEY RD. AVON PARK, FL 33825</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip      Country	City & State Zip      Country
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05252005	Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-1097290</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MCCALL, WILEY T P O BOX 12369 FORT PIERCE, FL 34981</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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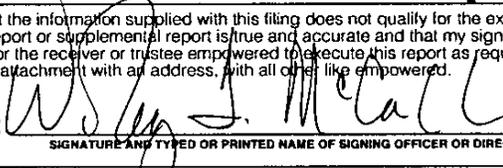
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees <b>300055914893</b> 08/05--01069--002 **61.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCALL, WILEY T	NAME	Stacie Zinn
STREET ADDRESS	3601 ELEVEN MILE RD	STREET ADDRESS	1765 Courtyard Way #101
CITY-ST-ZIP	FORT PIERCE, FL 34945	CITY-ST-ZIP	Naples, Florida 34112
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Rex L. Cunningham
STREET ADDRESS		STREET ADDRESS	1715 Devco Road
CITY-ST-ZIP		CITY-ST-ZIP	Avon Park, Florida 33825
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael N. Vanatta
STREET ADDRESS		STREET ADDRESS	P. O. Box 6446
CITY-ST-ZIP		CITY-ST-ZIP	Vero Beach, Florida 32961
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Nancy J. McCall
STREET ADDRESS		STREET ADDRESS	4366 East Kinsey Road
CITY-ST-ZIP		CITY-ST-ZIP	Avon Park, Florida 33825
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Bryant R. McCall
STREET ADDRESS		STREET ADDRESS	3601 Eleven Mile Road
CITY-ST-ZIP		CITY-ST-ZIP	Ft. Pierce, Florida 34945
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Melissa S. McCall
STREET ADDRESS		STREET ADDRESS	3601 Eleven Mile Road
CITY-ST-ZIP		CITY-ST-ZIP	Ft. Pierce, Florida 33825

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> 	May 25, 2005	863-452-6595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #