2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P00000099374 1. Entity Name TURFHQ.COM., INC. Principal Place of Business Mailing Address 2828 RIDGE ROAD DAYTONA BEACH FL 32118 2828 RIDGE ROAD DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3710027 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOSTER, WALTER E III Street Address (P.O. Box Number is Not Acceptable) 315 S PÁLMETTO AVE DAYTONA BEACH FL 32114 Zip Code F١ 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THEF ☐ Change Addition U00000297605 CARTER, JAMES E NAME NAME 04/11/05-80036-011 150.00 STREET ADDRESS 2828 RIDGE ROAD STREET ADDRESS CITY-ST-7IP DAYTONA BEACH FL 32118 CHY-ST-ZIP HITLE ☐ Delete THE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP DHE Delate Change Addition NAME NAME STREET ADDRESS STRUCTADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7/P

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

FILED