

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90358 026 ***150.00

DOCUMENT # P01000082672

1. Entity Name
CCR TOTAL TURF MANAGEMENT, INC.



Principal Place of Business
**1270 BISCAYNE BLVD
STE 2
DELAND, FL 32724**

Mailing Address
**POST OFFICE BOX 1324
DELAND, FL 32720**

2. Principal Place of Business
360 Stewart Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)



City & State
Deland FL
Zip Country
32720 USA

City & State
Zip Country

4. FEI Number
59-3739620
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **DAVID E RAIHL David E Raihl** **4-28-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFTON, LLOYD M JR.	
STREET ADDRESS	POST OFFICE BOX 1464	
CITY-ST-ZIP	DELAND, FL 32721	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFTON, CRAIG	
STREET ADDRESS	1405 BLACKWELDER ROAD	
CITY-ST-ZIP	DELEON SPRINGS, FL 32180	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAIHL, DAVID	
STREET ADDRESS	437 LECEILE DRIVE	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: **DAVID E RAIHL David E Raihl** **4-28-04** **306-785-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #