

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Certified Mail #

**FILED**  
7064 2510 0004 8253 8290  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000011785**

1. Entity Name  
PT TURF, INC.



Principal Place of Business  
9115 58TH DRIVE E SUITE A  
BRADENTON, FL 34202

Mailing Address  
9115 58TH DRIVE E SUITE A  
BRADENTON, FL 34202



04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
80-0036474

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GREENE, ROBERT F ESQ  
1301 SIXTH AVENUE W SUITE 400  
BRADENTON, FL 34205

**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 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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PSTD                  |
| NAME            | PURSLEY, TRICIA K     |
| STREET ADDRESS  | 9115 58TH DR E STE A  |
| CITY - ST - ZIP | BRADENTON, FL 34202   |
| TITLE           | VP                    |
| NAME            | SANDER, LINDA K       |
| STREET ADDRESS  | 9115 58TH DR E, STE A |
| CITY - ST - ZIP | BRADENTON, FL 34202   |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

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**DO NOT WRITE  
IN THIS SPACE**

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:**

*Linda K. Sander* VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #