

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90037 037 ***150.00

DOCUMENT # P02000025085

1. Entity Name

TURFPRO U.S.A., INC.



Principal Place of Business

36530 LAZY B. LANE
EUSTIS FL 32736

Mailing Address

36530 LAZY B. LANE
EUSTIS FL 32736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0614179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, RICHARD J
36530 LAZY B. LANE
EUSTIS FL 32736

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

Richard J. Pearce

4/15/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PEARCE, RICHARD J
STREET ADDRESS 36530 LAZY B. LANE
CITY-ST-ZIP EUSTIS FL 32736

TITLE *President + Director* ☐ Change ☒ Addition
NAME *Richard J. Pearce*
STREET ADDRESS *36530 LAZY B. LANE*
CITY-ST-ZIP *EUSTIS, FL 32736*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Director* ☐ Change ☒ Addition
NAME *CLAYTON H. BLANCHARD JR ATTY*
STREET ADDRESS *35 E. PINCHURST BLVD*
CITY-ST-ZIP *EUSTIS, FL 32726*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Director* ☐ Change ☒ Addition
NAME *ELAINE INSHAM, PhD*
STREET ADDRESS *1128 NE 2nd Street, Suite 120*
CITY-ST-ZIP *CORVALLIS, OR. 97330*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Director* ☐ Change ☒ Addition
NAME *MR. DICK MONROE*
STREET ADDRESS *2241 LAKE CRESCENT COURT*
CITY-ST-ZIP *WINDERMERE, FL 34786*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Director* ☐ Change ☒ Addition
NAME *ROGER MEYER*
STREET ADDRESS *35 E. PINCHURST BLVD.*
CITY-ST-ZIP *EUSTIS, FL 32726*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard J. Pearce *Richard J. Pearce Pres.* 4/15/04 (352) 357-5249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #