

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90002 050 ***550.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2nd MOORE

CR2E034 (5/05)

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARCE, RICHARD J	
STREET ADDRESS	36530 LAZY B. LANE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARCE, RICHARD J	
STREET ADDRESS	36530 LAZY B. LANE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCHARD, CLAYTON H JR	
STREET ADDRESS	35 E. PINEHURST BLVD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INGHAM, ELAINE PHD	
STREET ADDRESS	1128 NE 2ND ST., STE 120	
CITY-ST-ZIP	CORVALLIS OR 97330	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, DICK	
STREET ADDRESS	2241 LAKE CRESCENT COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, ROGER	
STREET ADDRESS	35 E. PINEHURST BLVD.	
CITY-ST-ZIP	EUSTIS FL 32726	

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
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
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05
Date

352-357-5249
Daytime Phone #