


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2008 8:00 am**  
**Secretary of State**

09-10-2008 90002 024 \*\*\*150.00

<b>DOCUMENT # P02000025085</b>	
1. Entity Name <b>TURFPRO U.S.A., INC.</b>	

Principal Place of Business <b>36530 LAZY B. LANE EUSTIS, FL 32736</b>	Mailing Address <b>36530 LAZY B. LANE EUSTIS, FL 32736</b>
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2. Principal Place of Business - No P.O. Box # <b>1910 S. Grove St</b>	3. Mailing Address <b>1910 S. Grove St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Eustis FL</b>	City & State <b>Eustis FL</b>
Zip <b>32726</b>	Zip <b>32726</b>
Country <b>U.S.A.</b>	Country <b>USA</b>



08112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>PEARCE, RICHARD J 36530 LAZY B. LANE EUSTIS, FL 32736</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PEARCE, RICHARD J 36530 LAZY B. LANE EUSTIS, FL 32736</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLANCHARD, CLAYTON H JR 35 E. PINEHURST BLVD. EUSTIS, FL 32728</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOEPP, JAMES R 1812 S. LOCUST AVE. SANFORD, FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VOGT, PAUL 995 PINE HILL BLVD. GENEVA, FL 32732</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDWARDS, GEORGE 3872 LAKE HARNEY CIRCLE GENEVA, FL 32732</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **CLAYTON H. BLANCHARD JR** 9/8/08 3525891919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #