


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000028501</b> 1. Entity Name COMMERCIAL TURF EQUIPMENT, INC.	
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Principal Place of Business 705 LIVE OAK STREET UNIT K TARPON SPRINGS, FL 34689	Mailing Address 705 LIVE OAK STREET UNIT K TARPON SPRINGS, FL 34689
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**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0657701	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  EICHLER, FRED J 2812 MARRIE CT. CLEARWATER, FL 33761
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**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 FRED J. EICHLER DATE 4-12-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000113868 04/15/04-80026-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EICHLER, FRED J 2812 MARRIE CT. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EICHLER, RYAN E 8422 ASHFORD PL TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: FRED EICHLER, PRES. DATE: 4/12/04 DAYTIME PHONE: 727 937 4420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED EICHLER