## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2008 08:00 All Secretary of State

						Convetores of C4
DOCUMENT # P02000028501  1. Entity Name COMMERCIAL TURF EQUIPMENT, INC.				Secretary of St		
	e of Business BLE CREEK RD IICHEY, FL 34652 US	Mailing Address 5849 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652	. US		)	
_	O NOT WOITE	IN THE CDA	^_	01092008	Na Chg-P	CR2E034 (11/05)
D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb 01-065 5. Certificate		Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
EICHLER, FRED J 2812 MARRIE CT. CLEARWATER, FL 33761			DO NOT WRITE IN THIS SPACE			
						•
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  SIGNATURE  Signature typed or printed time of registered agent and take if approache. (NOTE, Registered Agent signature required when revisiting).  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550:00  9. Election Carripaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS	P EICHLER, FRED J				UODDQ 04/2 <b>1</b> /08	0887642 1-80028-014 150.00
CITY-ST-ZIP	CLEARWATER, FL 33761					<b>1</b> 11
TITLE V NAME EICHLER, RYAN E STREET ADDRESS 8422 ASHFORD PL CITY-ST-2IP TRINITY, FL 34655						· ·
NAME STREET ADDRESS CITY-SI-ZiP				DO	NOT W	RITE
TITLE  NAME  STREET ADDRESS  CITY-ST-7IP			IN THIS SPACE			

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 are empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 866 Jeo 7

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