

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90276 015 \*\*\*150.00

**DOCUMENT # P02000090812**

1. Entity Name  
**TURF PERFORMANCE, INC.**



Principal Place of Business  
**1601 JACKSON STREET SUITE 200  
FORT MYERS, FL 33901**

Mailing Address  
**1601 JACKSON STREET SUITE 200  
FORT MYERS, FL 33901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

Zip - - - - - Country - -

Zip - - - - - Country - -

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

**MCHALE, GERARD A JR.  
1601 JACKSON STREET SUITE 200  
FORT MYERS, FL 33901**

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 *JACK ST. GERMAINE*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-20-05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME GERMAINE, JACK ST.  
STREET ADDRESS 15331 SAM SNEAD LANE  
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE DVP ☐ Delete  
NAME MCHALE, GERALD A  
STREET ADDRESS 7146 ESTERO BLVD. #211  
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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 *JACK ST. GERMAINE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-20-05 (239) 278-1110*  
Date Daytime Phone #