

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000100958

Entity Name: STATE LINE TURF, INC.

FILED
May 18, 2005
Secretary of State

Current Principal Place of Business:

4777 NW 49TH PLACE
JENNINGS, FL 32053 US

New Principal Place of Business:

Current Mailing Address:

4777 NW 49TH PLACE
JENNINGS, FL 32053 US

New Mailing Address:

FEI Number: 05-0532862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECKER, ANDREW J III
320 WHITE AVE
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANDREW J DECKER III

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: NOBLES, LONNIE W
Address: 10590 COUNTY RD 132
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: HILYER, LODGE
Address: 4777 NW 49TH PL
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: HILYER, CHARLES
Address: 1505 SE 8TH DR
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: DAVIS, JOEY
Address: 20155 HWY 98 N
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LODGE HILYER

D

05/18/2005

Electronic Signature of Signing Officer or Director

Date