

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90141 027 \*\*\*150.00

<b>DOCUMENT # P03000035958</b>					
<b>1. Entity Name</b> GRIDIRON TURF & LANDSCAPE SERVICES, INC.					
<b>Principal Place of Business</b> 7905 LAND O LAKES BLVD LAND O LAKES, FL 34638			<b>Mailing Address</b> 24724 STATE RD 54 #254 LUTZ, FL 33559		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 7905 LAND O LAKES BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b> LAND O' LAKES, FL 34638		
Zip		Country		Zip	
Country		Country		03102006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 61-1446618				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BARROW, DONNA L 2338 TIOGA DR LAND O' LAKES, FL 34639			Name <u>Donna L. Barrow</u> Street Address (P.O. Box Number is Not Acceptable) <u>2311 Madaca Ln # 112</u> City <u>LAND O' LAKES, FL</u> Zip Code <u>34639</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV BARROW, RONNIE M 2338 TIOGA DRIVE LAND O' LAKES, FL 34639 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2311 Madaca Ln # 112 LAND O' LAKES, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARROW, DONNA L 2338 TIOGA DRIVE LAND O' LAKES, FL 34639 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2311 Madaca Ln # 112 LAND O' LAKES, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Donna L. Barrow</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/14/06</u> <small>Date</small>		<u>(813) 235-6240</u> <small>Daytime Phone #</small>
DONNA L. Barrow					

50003424

