
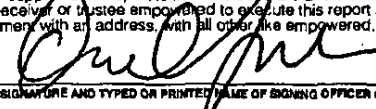


FILED
Aug 20, 2004 8:00 am
Secretary of State

07-30-2004 90006 009 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000074396			
1. Entity Name TURFSCAPE, INC.			
Principal Place of Business PO BOX 271196 TAMPA, FL 33688		Mailing Address PO BOX 271196 TAMPA, FL 33688	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1889966		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NELSON, SCOTT F 200 SOUTH HOOVER BLVD. BLDG. 201, SUITE 140 TAMPA, FL 33609		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, DOUGLAS E PO BOX 271196 TAMPA, FL 33688 <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
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
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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
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date 7-14-04 (813) 748-2498	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66432299 ... Attachments

Turfscape, Inc.
PO Box 271196
Tampa, FL 33688

Document # P0300074396

July 12, 2004

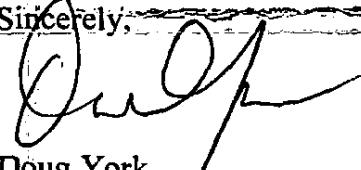
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed 2004 *For Profit Corporation Annual Report*

This letter is written in response to the late fee imposed due to our late filing of the Annual Report. We request that the Department of State consider waiving the late filing fee for Turfscape, Inc. because we have never received any prior notice to file, our Annual Corporate Report and pay the required filing fee.

I pray that the state will allow us to continue as Turfscape, Inc. due to the fact that our failure to file reports *was not intentional*. I have included a check for \$150 to pay the annual fees for 2004 and the *2004 For Profit Corporation Annual Report*.

Sincerely,



Doug York,
Director