


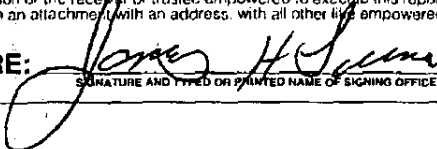
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44052014

DOCUMENT # P03000084581					
1. Entity Name TURF NUTRITIONAL TECHNOLOGIES CO.					
Principal Place of Business 1378 LISA DR WAUCHULA, FL 33873			Mailing Address 1378 LISA DR WAUCHULA, FL 33873		
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 16-1682957				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 TURNER, JAMES 1378 LISA DR WAUCHULA, FL 33873			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remodeling)</small>					
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					
TITLE	PVPT <input type="checkbox"/> Delete				
NAME	TURNER, JAMES				
STREET ADDRESS	1378 LISA DR				
CITY-ST-ZIP	WAUCHULA, FL 33873				
TITLE	SD <input type="checkbox"/> Delete				
NAME	TURNER, JAMES				
STREET ADDRESS	1378 LISA DR				
CITY-ST-ZIP	WAUCHULA, FL 33873				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 lists empowered.					
SIGNATURE:  James H. Turner 8-11-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment
44052014

TURF NUTRITIONAL TECHNOLOGIES CO.

1378 Lisa Dr.
Wauchula, FL 33873
Phone: (863) 767-0578

August 11, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #P03000084581

To whom it may concern:

Enclosed is my Annual Report I downloaded from your web site and a check for \$150.00. I would hope that you could abate the late fee, due to the fact that I had no idea this annual report was due the first of the year. I just incorporated August 1, 2003, and was of the understanding the Annual Report would be due a year from the time of incorporating. This is my first year as a business owner and really did not know the timing of the Annual Report. Now that I am aware of this I will not be late in the future.

Sincerely,

James Turner,
President