


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

07-27-2004 90036 030 ***150.00

0000000000-P03000102455 1. Entity Name WINNER'S TURF, INC.	
---	---

Principal Place of Business 1800 AUGUSTINE DR TITUSVILLE, FL 32796	Mailing Address 1800 AUGUSTINE DR TITUSVILLE, FL 32796
--	--

66432537

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07092004 0000 000000000000

4. FEI Number 54-2125064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000 000000

6. Name and Address of Current Registered Agent	
HAMELERS, RANDY J 835 MARCELLA LANE TITUSVILLE, FL 32780	

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	---	--	------

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 000000000000	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HAMELERS, RANDY J
STREET ADDRESS	1800 AUGUSTINE DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	VT <input type="checkbox"/> Delete
NAME	HAMELERS, RENA C
STREET ADDRESS	1800 AUGUSTINE DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	S <input type="checkbox"/> Delete
NAME	HAMELERS, HERMAN J
STREET ADDRESS	1800 AUGUSTINE DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
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	
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 like empowered.

SIGNATURE: <i>Rena Hamelers</i> <i>Rena Hamelers</i>	Date: 7/6/04	Daytona Phone #: 321-264-9764
--	--------------	-------------------------------