

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90002 050 ***150.00

DOCUMENT # P03000134205

1. Entity Name
D & T TURF, INC.



Principal Place of Business
1798 SW BONANZA STREET
PORT ST. LUCIE, FL 34953

Mailing Address
1798 SW BONANZA STREET
PORT ST. LUCIE, FL 34953

2. Principal Place of Business

2170 Conant Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7219
Suite, Apt. #, etc.

City & State

Port St Lucie FL
34953 St Lucie

City & State

Port St Lucie FL
34985 St Lucie

07222004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2116150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT S
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996

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.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME MUMMA, DAVID L
STREET ADDRESS 1798 SW BONANZA STREET
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

☐ Delete

TITLE D
NAME MUMMA, TAMMY L
STREET ADDRESS 1798 SW BONANZA STREET
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Tammy L Mumma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-04 528-7321