FILED
Feb 22, 2007 8:00 am
Secretary of State

01-26-2007 90035 036 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1

DOCUMENT # P03000134205

1. Entity Name
D & T TURF, INC.

Principal Place of Business	Mailing Address
~~2170 CONANT AVE~~ 1746 SW Biltmore St PORT ST LUCIE, FL 34953	P.O. BOX 7219 PORT SAINT LUCIE, FL 34985 Keep P.O.B

01132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1746 SW Biltm ore St		P.O Box 7219	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port St Lucie Fl		City & State: Port St Lucie	
Zip: 34984	Country: St Lucie	Zip: 34985	Country: St Lucie

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

MUMMA, DAVID
1798 SOUTHWEST BONANZA STREET
PORT SAINT LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name: Tammy Mumma
Street Address (P.O. Box Number is Not Acceptable): 1798 SW Bonanza St Port St Lucie Fl
City: St Lucie County FL Zip Code: 34984

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] 1-23-07
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MUMMA, DAVID L 1798 SW BONANZA STREET PORT ST. LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUMMA, TAMMY L 1798 SW BONANZA STREET PORT ST. LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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.

SIGNATURE: [signature] 1-23-07 772-528-7321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #