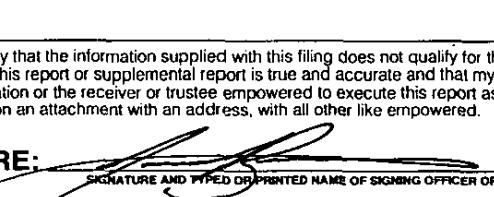


# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**



**FILED  
Apr 26, 2005 8:00 am  
Secretary of State**

04-26-2005 90157 003 \*\*\*150.00

|   |  |  |  |
|---|--|--|--|
| DOCUMENT # P04000044535   |  | Secretary of State   |  |
| 1. Entity Name<br>TURFTYME, INC.  |  | 04-26-2005 90157 003 ***150.00   |  |
| Principal Place of Business<br><b>1613 ALABAMA AVENUE</b><br><b>LYNN HAVEN, FL 32444</b> US   |  | <br>Mailing Address<br><b>PO BOX 1394</b><br><b>LYNN HAVEN, FL 32444</b> US   |  |
| 2. Principal Place of Business<br><b>905 TEXAS AVE.</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State<br><b>LYNN HAVEN, FL</b><br>Zip <b>32444</b> Country <b>US</b>   |  | City & State<br>Zip<br>County  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRANNON, JOSHUA M</b><br><b>1613 ALABAMA AVENUE</b><br><b>LYNN HAVEN, FL 32444</b>  |  | 7. Name and Address of New Registered Agent<br><br>Name <b>Joshua M. Brannon</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><b>905 TEXAS AVE.</b><br>City <b>Lynn Haven</b> FL Zip Code <b>32444</b> |  |
| 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 _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |
| <b>FILE NOW!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |  |  |  |
| TITLE <b>P</b><br>NAME <b>BRANNON, JOSHUA M</b><br>STREET ADDRESS <b>1613 ALABAMA AVENUE</b><br>CITY-ST-ZIP <b>LYNN HAVEN, FL 32444</b>   |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |  |
| TITLE <b>P</b><br>NAME <b>Joshua M. Brannon</b><br>STREET ADDRESS <b>905 Texas Ave.</b><br>CITY-ST-ZIP <b>Lynn Haven, FL 32444</b>  |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE <b>S</b><br>NAME <b>Reyn L. Brannon</b><br>STREET ADDRESS <b>905 Texas Ave.</b><br>CITY-ST-ZIP <b>Lynn Haven, FL 32444</b>  |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 <b>4-24-05</b><br>Daytime Phone # _____   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |  |