

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096345

FILED  
Jul 21, 2005  
Secretary of State

**Entity Name:** TURF MAINTENANCE PROFESSIONALS, INC.

**Current Principal Place of Business:**

P.O. BOX 185  
OSTEEN, FL 32764

**New Principal Place of Business:**

355 RIVEROAKS DR  
OSTEEN, FL 32764

**Current Mailing Address:**

P.O. BOX 185  
OSTEEN, FL 32764

**New Mailing Address:**

355 RIVEROAKS DR  
OSTEEN, FL 32764

**FEI Number:** 55-0872192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEPHERD, TIMOTHY  
504 S COCHRAN RD  
GENEVA, FL 32732 US

**Name and Address of New Registered Agent:**

SHEPHERD, TIMOTHY PSTD  
355 RIVEROAKS DR  
OSTEEN, FL 32764 US

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.

SIGNATURE: TIMOTHY SHEPHERD

07/21/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SHEPHERD, TIMOTHY  
Address: P.O. BOX 185  
City-St-Zip: OSTEEN, FL 32764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: SHEPHERD, TIMOTHY PSTD  
Address: 355 RIVEROAKS DR  
City-St-Zip: OSTEEN, FL 32764

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY SHEPHERD

PSTD

07/21/2005

Electronic Signature of Signing Officer or Director

Date