


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P04000106356 |  |
| 1. Entity Name CLASSIC TURF & SHRUB, INC. | |

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| Principal Place of Business 1314 EASTPORT ROAD JACKSONVILLE, FL 32218 | Mailing Address 1314 EASTPORT ROAD JACKSONVILLE, FL 32218 |
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 41-2159877 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD SUITE 201
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000945106 05/29/08-80126-005 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, THOMAS E 2518 VIBURNUM COURT JACKSONVILLE, FL 32246 |
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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: Thomas E. Rodriguez President 4-28-08 9:54 714-1338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #