


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000145879**

1. Entity Name  
**TURF AIRIFACTION AND PLAY SERVICES INC.**



Principal Place of Business      Mailing Address

**10352 N. DAWNFLOWER AVE.  
 CRYSTAL RIVER, FL 34428**      **10352 N. DAWNFLOWER AVE.  
 CRYSTAL RIVER, FL 34428**

**DO NOT WRITE IN THIS SPACE**



06152006      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>20-1479653</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PALMGREN, FREDERICK  
 10352 N. DAWNFLOWER AVE.  
 CRYSTAL RIVER, FL 34428**

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

U000000567333  
 06/19/06-80009-011 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMGREN, JULANN 10352 N. DAWNFLOWER AVE. CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMGREN, SUZANNE E 10850 WILDCOTTON CT. LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMGREN, KEITH K 10850 WILDCOTTON CT. LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWHORN, KERRI L 1231 HARDING BRIDGE RD. EUHARLEE, GA 30145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Julann Palmgren      **JULANN PALMGREN**      6-14-06      352-795-7337

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