


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 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. 10352 N. DAWNFLOWER AVE.
 CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428

DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1479653	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
 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: *Fredrick Palmgren* **FREDERICK PALMGREN** **7/11/07**
(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
Due by September 14, 2007

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

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

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* **7/11/07** **352-745-7357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #