

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000145879

1. Entity Name

TURF AIRIFACTION AND PLAY SERVICES INC.



Principal Place of Business

10352 N. DAWNFLOWER AVE.
CRYSTAL RIVER FL 34428

Mailing Address

10352 N. DAWNFLOWER AVE.
CRYSTAL RIVER FL 34428



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1479653

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PALMGREN, JULANN
STREET ADDRESS 10352 N. DAWNFLOWER AVE.
CITY-STATE-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 00000000000000000000
CITY-STATE-ZIP 02/28/08-80054-023 150.00

TITLE VD ☐ Delete
NAME PALMGREN, SUZANNE E
STREET ADDRESS 10850 WILDCOTTON CT.
CITY-STATE-ZIP LAND O' LAKES FL 34639

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE TD ☐ Delete
NAME PALMGREN, KEITH K
STREET ADDRESS 10850 WILDCOTTON CT.
CITY-STATE-ZIP LAND O' LAKES FL 34639

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SD ☐ Delete
NAME LAWHORN, KERRI L
STREET ADDRESS 1231 HARDING BRIDGE RD.
CITY-STATE-ZIP EUHARLEE GA 30145

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULANN PALMGREN 2/21/08

1-352-795-7237