2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156974

4226 SAN REMO DR

JACKSONVILLE, FL 32217

Address:

City-St-Zip:

Entity Name: TURF SCIENCE INCORPORATED

FILED Jun 15, 2009 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Pla	New Principal Place of Business:	
	REMO DR IVILLE, FL 32:	217			
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
4226 SAN REMO DR JACKSONVILLE, FL 32217			#346	3832-010 BAYMEADOWS RD #346 JACKSONVILLE, FL 32217	
FEI Number:	: 20-1948590	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
3832-010 É #346 JACKSON	CHRISTOPH BAYMEADOW IVILLE, FL 32: named entity	S ROAD 217 US	ourpose of changing its regist	tered office or registered agent, or both,	
	e of Florida.				
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (PADRICK, CHI 4226 SAN REM JACKSONVILL	10 DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (PADRICK, SAN 4226 SAN REN JACKSONVILL	10 DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (PADRICK, AIN 4226 SAN REN JACKSONVILL	10 DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (PADRICK, GIL) Delete LIAN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER T PADRICK P 06/15/2009