


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90012 015 \*\*\*150.00

DOCUMENT # P04000160872	
1. Entity Name ABSOLUTE TURF, INC.	

40042430

Principal Place of Business 36003 SW MARTIN HIGHWAY OKEECHOBEE, FL 34974 15562 Whispering Willow Drive Wellington, FL 33414	Mailing Address P.O. BOX 98 LOXAHATCHEE, FL 33170
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01252007 No Chg-P CR2E034(11/05)

**DO NOT WRITE IN THIS SPACE**

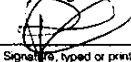
4. FEI Number 20-1948630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CARTER, BRUCE 36003 SW MARTIN HWY OKEECHOBEE, FL 34974  Philip Echols 15562 Whispering Willow Drive Wellington, FL 33414	
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**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  Philip Echols VP 3/15/07  
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  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARTER, BRUCE Thomas Jones 36003 SW MARTIN HIGHWAY 1606 Pruitts Landing OKEECHOBEE, FL 34974 Lake Placid, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHOLS, PHILIP PO BOX 98 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  3/14/07 561.718.4499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #