

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90005 021 ***150.00

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1. Entity Name
ABSOLUTE TURF, INC.



Principal Place of Business
**15562 WHISPERING WILLOW DRIVE
WELLINGTON, FL 33414**

Mailing Address
**P.O. BOX 98
LOXAHATCHEE, FL 33170**

40034356



DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1948630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ECHOLS, PHILIP
15562 WHISPERING WILLOW DRIVE
WELLINGTON, FL 33414**

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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 _____

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, 2008 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
JONES, THOMAS
1606 PRUITTS LANDING
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
**Director
Marjorie Gagnon
P.O. Box 211268
Royal Palm Beach, FL 33421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

2/20/08 561.718.4499