

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90001 043 \*\*\*158.75

<b>DOCUMENT # P05000020760</b> 1. Entity Name <b>LEBEAU'S TURF TENDERS, INC.</b>					
Principal Place of Business <b>934 SOUTH RIDGE AVENUE DAYTONA BEACH, FL 32114</b>				Mailing Address <b>934 SOUTH RIDGE AVENUE DAYTONA BEACH, FL 32114</b>	
2. Principal Place of Business <b>1145 Dal Maso Dr.</b>		3. Mailing Address <b>PO BOX 214179</b>		 07132006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>3. Daytona FL</b>			
City & State <b>Daytona Beach, FL</b>		City & State <b>3. Daytona FL</b>			
Zip <b>32117</b>		Country <b>US</b>		4. FEI Number <b>20-2354262</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>LEBEAU, DAVID J 934 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1145 Dal Maso Dr.</b> City <b>Daytona Beach FL</b> Zip Code <b>32117</b>	
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 <b>David LeBeau</b> <b>9/6/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>LEBEAU, DAVID J</b> STREET ADDRESS <b>934 SOUTH RIDGE AVENUE</b> CITY-ST-ZIP <b>DAYTONA BEACH, FL 32114</b>				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>1145 Dal Maso Dr</b> STREET ADDRESS <b>Daytona Beach, FL 32117</b> CITY-ST-ZIP <b>Daytona Beach, FL 32117</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>LEBEAU, SCOTT S</b> STREET ADDRESS <b>310 SHADY PLACE</b> CITY-ST-ZIP <b>DAYTONA BEACH, FL 32119</b>				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>310 Shady Place</b> STREET ADDRESS <b>Daytona Beach, FL 32114</b> CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <b>David LeBeau</b> <b>9/6/06</b> <b>880-290-5099</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					