

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90005 026 \*\*\*550.00

**DOCUMENT # P05000032528**

**1. Entity Name**  
**TIGER TURF RESOURCING, INC.**



**Principal Place of Business**  
**50 FAIRWAY DRIVE**  
**DEERFIELD BEACH, FL 33441**

**Mailing Address**  
**50 FAIRWAY DRIVE**  
**DEERFIELD BEACH, FL 33441**

00046625



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192006 Chg-P CR2E034 (11/05)

**4. FEI Number**  
**14-1924826**

Applied For  
Not Applicable

**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**

**GATSOS, ELAINE M ESQ.**  
**1499 WEST PALMETTO PARK ROAD, SUITE 210**  
**BOCA RATON, FL 33486**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

**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**  
**D**  
**NAME**  
**ARNETT, MICHAEL J**  
**STREET ADDRESS**  
**50 FAIRWAY DRIVE**  
**CITY- ST- ZIP**  
**DEERFIELD BEACH, FL 33441**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

☐ Change

☐ Addition

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☐ Change

☐ Addition

**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

8-23-06

Date

561-352-6381

Daytime Phone #