

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000092805

1. Entity Name
TURFS UP LAWN SERVICE INC



Principal Place of Business
**325 PANAMA CIRCLE
WINTER SPRINGS, FL 32708**

Mailing Address
**325 PANAMA CIRCLE
WINTER SPRINGS, FL 32708**



04302007 No Chg-P CR2E034 (11/05)

4. FFI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TITTLE, ALBERT C JR
325 PANAMA CIRCLE
WINTER SPRINGS, FL 32708**

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, 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 | PRES |
| NAME | TITTLE, ALBERT C JR |
| STREET ADDRESS | 325 PANAMA CIRCLE |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 |
| TITLE | VP |
| NAME | TITTLE, RAMONA G |
| STREET ADDRESS | 325 PANAMA CIRCLE |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 |
| 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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05/25/07-80013-002 158.75

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]* **PREPARED** **430-07 407-685-0178**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #