

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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

**FILED**

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



04302007 No Chg-P CR2E034 (11/05)

4. FFI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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

U000000760435  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES/ALBERT C. TITTLE**

Date

Daytime Phone #

430-07 407-695-0178