

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90004 004 \*\*\*158.75

<b>DOCUMENT # P06000015168</b>					
<b>1. Entity Name</b> TURF CONCEPTS, INC.					
<b>Principal Place of Business</b> 4402 NW 39TH AVE #53 GAINESVILLE, FL 32606 US			<b>Mailing Address</b> 4402 NW 39TH AVE #53 GAINESVILLE, FL 32606 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 7808 SW 11 PLACE		<b>3. Mailing Address</b> 5745 SW 75 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 239 239			
<b>City &amp; State</b> GAINESVILLE FL		<b>City &amp; State</b> GAINESVILLE FL		<b>4. FEI Number</b> 20-4393207	
<b>Zip</b> 32607		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAQUILA, CHARLES D 4402 NW 39TH AVE #53 GAINESVILLE, FL 32606			<b>7. Name and Address of New Registered Agent</b> Name CHARLES D DAQUILA Street Address (P.O. Box Number is Not Acceptable) 7808 SW 11 PLACE City GAINESVILLE FL Zip Code 32607		
<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.</b> SIGNATURE:  DATE: 2/18/2008 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PRES <b>NAME</b> DAQUILA, CHARLES D <b>STREET ADDRESS</b> 4402 NW 39TH AVE #53 <b>CITY-ST-ZIP</b> GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		<b>TITLE</b> PRES <b>NAME</b> CHARLES D DAQUILA <b>STREET ADDRESS</b> 7808 SW 11 PLACE <b>CITY-ST-ZIP</b> GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			CHARLES DAQUILA 2/18/08 (352) 224 8536 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		