

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90835 025 \*\*\*150.00

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| <b>DOCUMENT # P06000092060</b><br>1. Entity Name<br><b>SPORTS TURF MANAGEMENT SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Principal Place of Business<br><b>61 NE 48TH STREET<br/>FORT LAUDERDALE, FL 33334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Mailing Address<br><b>61 NE 48TH STREET<br/>FORT LAUDERDALE, FL 33334</b>                                                                                                                                                            |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>630 Northeast 56th Court</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | 3. Mailing Address<br><b>c/o Mark I. Ingber (P.A.B.A.)</b><br><small>Suite, Apt. #, etc.</small><br><b>10100 West Sample Road #326</b>                                                                                               |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| City & State<br><b>Fort Lauderdale, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | City & State<br><b>Coral Springs, FL</b>                                                                                                                                                                                             |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Zip<br><b>33334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Zip<br><b>33065-3973</b>                                                                                                                                                                                                             |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | Country<br><b>US</b>                                                                                                                                                                                                                 |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>BLANCHARD, MARK D<br/>61 NE 48TH STREET<br/>FORT LAUDERDALE, FL 33334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | 7. Name and Address of New Registered Agent<br>Name <b>Mark D. Blanchard</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>630 Northeast 56th Court</b><br>City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33334</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.<br><br>SIGNATURE <u><b>Mark D. Blanchard</b></u> <span style="float: right;">4/30/07</span><br><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><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                               |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D<br/>BLANCHARD, MARK D</b> <input type="checkbox"/> Delete<br/> <b>61 NE 48TH STREET<br/>FORT LAUDERDALE, FL 33334</b> </td> </tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> </table> |                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | <b>D<br/>BLANCHARD, MARK D</b> <input type="checkbox"/> Delete<br><b>61 NE 48TH STREET<br/>FORT LAUDERDALE, FL 33334</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D/P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/> <b>Mark D. Blanchard</b><br/> <b>630 Northeast 56th Court</b><br/> <b>Fort Lauderdale, FL 33334</b> </td> </tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D/P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Mark D. Blanchard</b><br><b>630 Northeast 56th Court</b><br><b>Fort Lauderdale, FL 33334</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>D<br/>BLANCHARD, MARK D</b> <input type="checkbox"/> Delete<br><b>61 NE 48TH STREET<br/>FORT LAUDERDALE, FL 33334</b>                                                                       |                                                                                                                                                                                                                                      |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |                                                                                                                                                                                                                                      |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><b>Mark D. Blanchard</b></u> <span style="float: right;">4/30/07 954-510-0109</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                |                                                                                                                                                                                                |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |