2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000146407

1. Entity Name
PRO TECH SPORTS TURF MANAGEMENT, INC.

Principal Place of Business	Mailing Address
225 MANATEE ROAD WINTER HAVEN, FL 33884	225 MANATEE ROAD WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-5985079		Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, JEFF
733 WATERBRIDGE DRIVE
WINTER HAVEN, FL 33880

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, JEFF
STREET ADDRESS	733 WATERBRIDGE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880

TITLE	V
NAME	KIRKLAND, RICHARD
STREET ADDRESS	403 FLAGLER ROAD SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	ST
NAME	BARNES, DAVID
STREET ADDRESS	225 MANATEE ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/08-80054-002 150.00

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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: _____ DAVID E. BARNES Sec/Treas 2/8/2008 863-324-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #