


FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P35095

1. Entity Name
SUR-LINE TURF, INC.



Principal Place of Business 19637 GORGAS RD NORTHPORT, AL 35475 US	Mailing Address 19637 GORGAS RD NORTHPORT, AL 35475 US
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54039028



03032004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1035160	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
 103 N. MERIDIAN STREET, LOWER LEVEL
 TALLAHASSEE, FL 32301**

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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 _____ DATE _____
Signature: Printed or stamped name of registered agent. End use if applicable. NOTE: Registered Agent signature required when relinquishing

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LAMBERT, LOUIS N. 19637 GORGAS RD. NORTHPORT, AL 35475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE MASSEY, PAUL C. REMOVED 19637 GORGAS RD. NORTHPORT, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMBERT, CHAD M 19637 GORGAS ROAD NORTHPORT, AL 335475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 807, 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:  **4-20-04 205-333-1776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #