

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90142 023 ***150.00



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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1035160

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	LAMBERT, LOUIS N.	
STREET ADDRESS	19637 GORGAS ROAD	
CITY-ST-ZIP	NORTHPORT AL 35475	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBERT, CHAD M	
STREET ADDRESS	19637 GORGAS ROAD	
CITY-ST-ZIP	NORTHPORT AL 35475	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, KEVIN L	
STREET ADDRESS	19637 GORGAS ROAD	
CITY-ST-ZIP	NORTHPORT AL 35475	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATH, RAYMOND S	
STREET ADDRESS	19637 GORGAS ROAD	
CITY-ST-ZIP	NORTHPORT AL 35475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis N. Lambert	
STREET ADDRESS	19637 Gorgas Road	
CITY-ST-ZIP	Northport, Alabama 35475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Raymond S. Heath

MARCH 29, 2006

(205) 333-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #