

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 046 ***150.00

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1. Entity Name
JOHNNY'S TURF MANAGEMENT, INC.



Principal Place of Business
**125 CUMBERLAND PARK DR
ST AUGUSTINE, FL 32095 US**

Mailing Address
**125 CUMBERLAND PARK DR
ST AUGUSTINE, FL 32095 US**

50009678



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3230537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAY, JOHN W
125 CUMBERLAND PARK DR
ST AUGUSTINE, FL 32095**

**DO NOT WRITE
IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAY, JOHN W
STREET ADDRESS	125 CUMBERLAND PK DR
CITY-ST-ZIP	ST AUGUSTINE, FL 32095

TITLE	D
NAME	FARACE, PAUL T.
STREET ADDRESS	125 CUMBERLAND PK DR
CITY-ST-ZIP	ST AUGUSTINE, FL 32095

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

Date

904-824-2616

Daytime Phone #