

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90275 042 ***150.00

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1. Entity Name

GULF COAST TURF OF FORT MYERS, INC.



Principal Place of Business

3066 MICHIGAN AVE
FT MYERS FL 33916

Mailing Address

3066 MICHIGAN AVE
FT MYERS FL 33916

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, W.B.
4803 ZANA DRIVE
FT MYERS FL 33905

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

Willie B. Green **WILLIE B. GREEN**

4-27-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GREEN, W.B.
STREET ADDRESS 4803 ZANA DRIVE
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME EDWARDS, NORA L GREEN
STREET ADDRESS 3340 LINCOLN BLVD
CITY-ST-ZIP FT MYERS FL 33916

TITLE ☒ Change ☐ Addition
NAME **NORA L. Green**
STREET ADDRESS **3340 Lincoln Blvd.**
CITY-ST-ZIP **FT. MYERS, FL 33916**

TITLE VPD ☐ Delete
NAME HAMILL, JOSEPHINE
STREET ADDRESS 4803 ZANA DRIVE
CITY-ST-ZIP FT. MYERS FL 33905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Willie B. Green **WILLIE B. GREEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

Daytime Phone #