

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000016877

Entity Name: FLORITURF, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

12750 NE 135TH ST
FORT MC COY, FL 32134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1290
FORT MC COY, FL 32134 US

New Mailing Address:

FEI Number: 59-3299555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, NANCY
10934 NORTH C.R. 475
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

JOHNSON, NANCY
3378 NW 100TH ST
OCALA, FL 34475 US

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.

SIGNATURE: NANCY JOHNSON

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JOHNSON, NANCY
Address: 12750 NE 135TH ST
City-St-Zip: FORT MC COY, FL 32134

Title: P () Delete
Name: JOHNSON, DONALD E
Address: 10934 NORTH C.R. 475
City-St-Zip: OXFORD, FL 34484

Title: S () Delete
Name: JOHNSON, NANCY
Address: 10934 NORTH C.R. 475
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JOHNSON, TRAVIS
Address: 12750 NE 135TH ST
City-St-Zip: FORT MC COY, FL 32134

Title: P (X) Change () Addition
Name: JOHNSON, DONALD E
Address: 3378 NW 100TH ST
City-St-Zip: OCALA, FL 34475

Title: S (X) Change () Addition
Name: JOHNSON, NANCY
Address: 3378 NW 100TH ST
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY JOHNSON

S

04/29/2008

Electronic Signature of Signing Officer or Director

Date