

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90123 002 ***150.00

DOCUMENT # P95000016889

1. Entity Name
FLORITURF SOD, INC.



Principal Place of Business Mailing Address

2893 BIG SKY BLVD. P.O. BOX 422268
 KISSIMMEE, FL 34744 US KISSIMMEE, FL 34742 US

2. Principal Place of Business 3. Mailing Address

12750 NE. 135th St. **P O Box 1290**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

FT. MCCOY, FL **FT. MCCOY, FL**

Zip Country Zip Country

32134 **Marion** **32134** **Marion**

03162006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3312668 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, NANCY
1110934 NORTH C. R. 475.
OXFORD, FL 34484

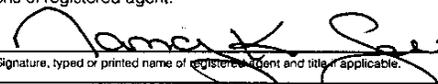
7. Name and Address of New Registered Agent

Name **Johnson, Nancy**

Street Address (P.O. Box Number is Not Acceptable)
10934 N CR 475

City **OXFORD, FL** Zip Code **34484**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DONALD E	NAME	
STREET ADDRESS	10934 NORTH C.R. 475	STREET ADDRESS	
CITY-ST-ZIP	OXORD, FL 34484	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NANCY	NAME	
STREET ADDRESS	10934 NORTH C.R. 475	STREET ADDRESS	
CITY-ST-ZIP	OXFORD, FL 34484	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NANCY	NAME	
STREET ADDRESS	10934 NORTH C.R. 475	STREET ADDRESS	
CITY-ST-ZIP	OXFORD, FL 34484	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3-24-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #