

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
**2893 BIG SKY BLVD.
KISSIMMEE, FL 34744 US**

Mailing Address
**P.O. BOX 422268
KISSIMMEE, FL 34742 US**

2. Principal Place of Business

12750 N.E. 135th St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1290
Suite, Apt. #, etc.

City & State

FL. McCoy, FL

Zip
32134

Country

Marion

City & State

FL. McCoy, FL

Zip
32134

Country

Marion

03162006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3312668

Applied For
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 C R 475
OXFORD, FL 34484
City **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

[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 **P** ☐ Delete
NAME **JOHNSON, DONALD E**
STREET ADDRESS **10934 NORTH C.R. 475**
CITY-ST-ZIP **OXFORD, FL 34484**

TITLE **VP** ☐ Delete
NAME **JOHNSON, NANCY**
STREET ADDRESS **10934 NORTH C.R. 475**
CITY-ST-ZIP **OXFORD, FL 34484**

TITLE **S** ☐ Delete
NAME **JOHNSON, NANCY**
STREET ADDRESS **10934 NORTH C.R. 475**
CITY-ST-ZIP **OXFORD, FL 34484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 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] **3-24-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #