

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000036764

1. Entity Name

TAMPA BAY TURF MANAGEMENT, INC.



Principal Place of Business

95 WINDWARD ISLAND  
CLEARWATER, FL 33767

Mailing Address

95 WINDWARD ISLAND  
CLEARWATER, FL 33767

FILED

2007 APR 25 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0635086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ, GEORGE I ESQ  
3446 E. LAKE RD., #214  
PALM HARBOR, FL

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000099885716  
54/10/07--01057--001 \*\*450.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
BRAWLEY, TERRANCE S  
95 WINDWARD ISLAND  
CLEARWATER, FL 33767

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BRAWLEY, ANNETTE  
95 WINDWARD ISLAND  
CLEARWATER, FL 33767

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #