
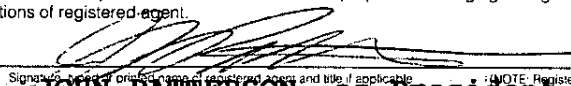
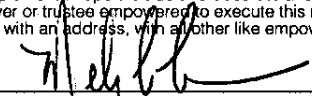


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90008 009 \*\*\*150.00

<b>DOCUMENT # P95000045135</b> 1. Entity Name <b>TURFMASTER HOME &amp; LAWN SERVICES, INC.</b>					
Principal Place of Business <b>5696 PINKEY ROAD</b> <b>SARASOTA, FL 34233-2426 US</b>			Mailing Address <b>46 N WASHINGTON BLVD #1</b> <b>SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>5696 PINKNEY ROAD</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0603674</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PATTERSON, JOHN</b> <b>46 N WASHINGTON BLVD #1</b> <b>SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>LPS CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD.</b> <b>SUITE 1</b> City <b>SARASOTA</b>		
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.			DATE <b>3/23/04</b>		
SIGNATURE  <b>JOHN PATTERSON, as President</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>CREWS, TERRY LEE</b> <b>5695 PINKEY ROAD</b> <b>SARASOTA, FL 342332426</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5696 PINKNEY ROAD</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <b>HUGHES, MARK A</b> <b>5695 PINKEY ROAD</b> <b>SARASOTA, FL 342332426</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5696 PINKNEY ROAD</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE:  <b>MARK A. HUGHES,</b>			(941) 923-1956		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>VICE PRESIDENT</b>			Date Daytime Phone #		