


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P95000059035 1. Entity Name STATEWIDE TURF EQUIPMENT, INC.	
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Principal Place of Business 2740 LEONARD REID AVENUE SARASOTA, FL 34234 US	Mailing Address P O BOX 1284 NOKOMIS, FL 34274 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0596264	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WRIGHT, GREGORY J
374 DOLPHIN SHORES CR
NOKOMIS, FL 34275

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000857353
03/31/08-80010-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, GREGORY J 374 DOLPHIN SHORES CR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, JEFFREY M 5417 OAK GROVE CT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, MARY J 374 DOLPHIN SHORES CR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, DAVID J 1097 WHITEGATE CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

3/11/08

Date

941-480-1122

Daytime Phone #