2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P95000059035

Entity Name: STATEWIDE TURF EQUIPMENT, INC.

Current Principal Place of Business:

2740 LEONARD REID AVENUE
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1284
NOKOMIS, FL 34274 US

New Mailing Address:

FEI Number: 65-0596264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WRIGHT, GREGORY J
Address: 374 DOLPHIN SHORES CR
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: WRIGHT, JEFFREY M
Address: 5417 OAK GROVE CT
City-St-Zip: SARASOTA, FL 34233

Title: ST ( ) Delete
Name: WRIGHT, MARY J
Address: 374 DOLPHIN SHORES CR
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: WRIGHT, DAVID J
Address: 1097 WHITEGATE CT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JO WRIGHT ST 01/07/2009

Electronic Signature of Signing Officer or Director Date