

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052427

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: NU TURF LAWN & GARDEN CENTER OF MARGATE, INC.

## Current Principal Place of Business:

1785 NORTH STATE ROAD 7  
MARGATE, FL 33063 US

## New Principal Place of Business:

## Current Mailing Address:

1785 NORTH STATE ROAD 7  
MARGATE, FL 33063 US

## New Mailing Address:

FEI Number: 65-0673084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FANIZZA, JOANNE ESQ.  
1995 EAST OAKLAND PARK BLVD. STE 210  
FORT LAUDERDALE, FL 33306 US

## Name and Address of New Registered Agent:

NANCY BONO, PRES  
1785 N STATE ROAD 7  
MARGATE, FL 33063 US

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: NANCY BONO PRES

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: CHRISTENSEN, HARRY A  
Address: 1785 N STATE RD 7  
City-St-Zip: MARGATE, FL 33063

Title: PD ( ) Delete  
Name: BONO, NANCY B  
Address: 1785 N STATE RD 7  
City-St-Zip: MARGATE, FL 33063

Title: STD ( ) Delete  
Name: BONO, A. JOHN  
Address: 1785 N STATE RD 7  
City-St-Zip: MARGATE, FL 33063

Title: V (X) Delete  
Name: CONK, EDWARD  
Address: 1785 N STATE ROAD 7  
City-St-Zip: MARGATE, FL 33063

## 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: NANCY BONO

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date