## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2005 08:00 AM Secretary of State **DOCUMENT # P97000011256** 1. Entity Name TIM'S TURF CUTTING, INC. Principal Place of Business Mailing Address **6421 LARMON STREET 6421 LARMON STREET** TAMPA, FL 33634 TAMPA, FL 33634 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3425948 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRICK, WILLIAM JR DO NOT WRITE 6421 LARMON STREET TAMPA, FL 33634 \_ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE 000000238300 02/21/05-80093-017 NAME HERRICK, WILLIAM JR 150.00 6421 LARMON STREET STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33634** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST- ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 exactly this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

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