## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 09, 2008 08:00 AM **DOCUMENT # P97000011256** Secretary of State 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** No Chg-P CR2E034 (11/05) 01052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HERRICK, WILLIAM JR NAME 6421 LARMON STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33634** U00000776229 TITLE 01/09/08-80016-003 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

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:

SIGNATURE AND TYPED OR PRINTED WANT OF SIGNING OFFICER OR ORRECTOR

Date

Date

Date

Description 19, Florida Statutes. I further certify that the information indicated on 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:

Date

Date

Date

Date

Description

Date

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STREET ADDRESS
CITY - ST-ZIP