


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000109151	
1. Entity Name SOUTHERN TURF NURSERIES, INC.	

Principal Place of Business 14710 COUNTY RD 87 ELBERTA, AL 36530 US	Mailing Address 14710 COUNTY RD 87 ELBERTA, AL 36530 US
---	---

DO NOT WRITE IN THIS SPACE

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2362402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TEMPLETON & COMPANY, P.A. 540 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOERNER, EDWARD E 26250 BRUHN ROAD ELBERTA, AL 36530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000957087
08/04/08-80008-025 158.75

DO NOT WRITE 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: William Ray McQuinn CFO **07/14/2008** **(251) 986-8043**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #