

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048562

Entity Name: MASTER-TURF FARMS, INC.

FILED  
Feb 22, 2005  
Secretary of State

## Current Principal Place of Business:

P O BOX 911  
RUSKIN, FL 33575

## New Principal Place of Business:

## Current Mailing Address:

NP O BOX 911  
RUSKIN, FL 33575

## New Mailing Address:

P O BOX 911  
RUSKIN, FL 33575

FEI Number: 59-3513557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIFORD, RALPH  
502 7 AVE NE  
RUSKIN, FL 33570 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: PD ( ) Delete  
Name: WILLIFORD, RALPH  
Address: P O BOX 911 N/A  
City-St-Zip: RUSKIN, FL 33570

Title: VD ( ) Delete  
Name: COOK, MICHAEL A  
Address: 417 E LUMSDEN ROAD  
City-St-Zip: BRANDON, FL 33511

Title: SD ( ) Delete  
Name: WILLIFORD, RANDALL  
Address: 404 DICKMAN DR. SW  
City-St-Zip: RUSKIN, FL 33570

Title: TD ( ) Delete  
Name: ALEX, THOMAS R  
Address: 11600 AUDUBOND LANE  
City-St-Zip: CLAIRMONT, FL 34711

## 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 for the exemption stated in Section 119.07(3)(i), 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: RALPH WILLIFORD

PD

02/22/2005

Electronic Signature of Signing Officer or Director

Date