

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048562

Entity Name: MASTER-TURF FARMS, INC.

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

P O BOX 911  
RUSKIN, FL 33575

## New Principal Place of Business:

502 7TH AVE N E  
RUSKIN, FL 33575

## Current Mailing Address:

P O BOX 911  
RUSKIN, FL 33575

## New Mailing Address:

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:

WILLIFORD, RALPH  
908 7TH AVE N E  
RUSKIN, FL 33575 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: RALPH WILLIFORD

01/09/2007

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: PD (X) Change ( ) Addition  
Name: WILLIFORD, RALPH  
Address: P O BOX 911  
City-St-Zip: RUSKIN, FL 33575

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 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: RALPH WILLIFORD

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date