

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60409

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: EASTWOOD-TUFF TURF OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

1615 OKLAHOMA STREET  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

220 WILLIAMS RD  
WINTER SPRINGS, FL 32708 US

## New Mailing Address:

1615 OKLAHOMA ST.  
OVIEDO, FL 32765 US

FEI Number: 59-3078654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEGELIN, JUDITH I  
701 PEACH TREE RD.  
ORLANDO, FL 32804 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: P ( ) Delete  
Name: EASTWOOD, JASON  
Address: 220 WILLIAMS RD.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Delete  
Name: CRITELLI, REGGIE  
Address: 949 LEATHERFERN LN  
City-St-Zip: MIMS, FL 32754

Title: VP ( ) Delete  
Name: EASTWOOD, IAN  
Address: 220 WILLIAMS RD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: MAINE, SCOTT  
Address: 1104 WINGED FOOT CIR W  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete  
Name: EASTWOOD, BOB  
Address: 220 WILLIAMS RD  
City-St-Zip: WINTER SPRINGS, FL 32708

## 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:

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: JASON EASTWOOD

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date