


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90181 005 ****70.00

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| DOCUMENT # N93000003409 1. Entity Name VOLUSIA TURTLE PATROL, INC. |  |
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| Principal Place of Business 4738 S PENINSULA DR PONCE INLET, FL 32127 | Mailing Address 4738 S PENINSULA DR PONCE INLET, FL 32127 |
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04252007 No Chg-NP CR2E037 (4/06)

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|--|---------------------------------------|
| 4. FEI Number 59-3239925 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORNELIUS, MARCUS M III
 3125 US 1 SOUTH
 ST AUGUSTINE, FL 32136

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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 _____

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LIEBERT, BETH 4738 S PENINSOLA DR PONCE INLET, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MILLS, ROBERT 4026 CARDINAL BLVD WILBOR BY THE SEA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LENNON, DEBBIE 268 WOODLAND AVENUE DAYTONA BEACH, FL 32118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHMIDT, KEITH 935 DUNCAN ROAD SOUTH DAYTONA, FL 32119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 617, 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: Robert Mills **ROBERT MILLS** 4/25/07 386-767-0799
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #