2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State
08-11-2005 90005 012 ***158.75

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1. Entity Name
TURNBERRY HOLDINGS, INC.

Principal Place of Business	Mailing Address
140 GRIFFIN AVE PORT SAINT JOE, FL 32457	PO BOX 1210 PORT SAINT JOE, FL 32457-1210

50061140

07142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1752 LILAC LANE		P.O. BOX 630	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST. GEORGE ISLAND, FL		City & State: EASTPOINT, FL	
Zip: 32328	Country: USA	Zip: 32328	Country: USA

4. FEI Number 58-2645749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRASWELL, CURT 3744 WINDINGS LAKE CIR. ORLANDO, FL 32835	Name: JOHN R. MOODY Street Address (P.O. Box Number is Not Acceptable): 1752 LILAC LANE City: ST. GEORGE ISLAND FL Zip Code 32328

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 John R. Moody 07/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOODY, JOHN R 140 GRIFFIN AVE PORT SAINT JOE, FL 32457	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1752 LILAC LANE ST. GEORGE ISLAND, FL 32328	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: John R. Moody JOHN R. MOODY 07/13/05 (850) 227-4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #