2008 FOR PROFIT CORPORATION

FILED Apr 29, 2008 08:00 AN ate

	ANNOAL	VEL-OLA!		_	1	C4-	ar C4.
1. Entity Nam	MENT # P030001197 NVILLE TURNKEY, INC.	·				Secreta	ry of Sta
1612 E BEA	ve of Business VER STREET LE, FL 32202 US	Mailing Address 1612 E BEAVER STREET JACKSONVILLE, FL 32202	US			181 (SBS) 11818 (SUI) 1881	
				04282008	No Chg-P	CR2E034 (1	
(1)	O NOT WRITE	IN THIS SPA	(CE	4. FEI Numb 84-162	er .		Applied For Not Applicable
	Andrew Committee	eri de e di e di e di e di e	2 ⁸⁶ 4. 12 ⁸⁶ 4. 12 ⁸	5. Certificate	of Status Desired		75 Additional Required
1930 SAN STE. 201,	6. Name and Address of Current Re SAMUEL L MARCO BLVD. ST. MARK'S PLACE VILLE, FL 32207		, , ,	NOT W	and the state of the state of		
	named entity submits this statement for the ions of registered agent				th, in the State of FI		ar with, and accept
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Regist	ered Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contributio		.00 May Be ed to Fees	UOOO	00931209	
10.	ÓFFICERS AND DI	RECTORS	.		05/22/0	8-80005-0;	21 (150.00)
NAME STREET ADDRESS CITY-ST-ZIP	DPT RICH, RICHARD J 156 SAWBILL PALM DRIVE PONTE VEDRA, FL 32082		For the state of t				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ELLIOTT, SCHUYLER R 1138 GREENRIDGE RD. JACKSONVILLE, FL 32207						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Compared to the second	DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in.	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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 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:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

904731 7060