


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90087 049 ***150.00

DOCUMENT # P93000013924			
1. Entity Name HEIDI H. TURK, P.A.			
Principal Place of Business 310 17TH ST VERO BEACH FL 32960 US		Mailing Address 310 17TH ST SUITE 8 VERO BEACH FL 32960 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TURK, HEIDI H 820 CRESCENT BEACH ROAD VERO BEACH FL 32963		7. Name and Address of New Registered Agent Name: TURK, Heidi H Street Address (P.O. Box Number is Not Acceptable): 2190 mangrove Drive City: Vero Beach FL Zip Code: 32963	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: TURK, HEIDI H	NAME: TURK, Heidi H
STREET ADDRESS: 820 CRESCENT BEACH ROAD	STREET ADDRESS: 2190 mangrove Dr	CITY-ST-ZIP: VERO BEACH FL 32963	CITY-ST-ZIP: Vero Beach, FL 32963
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____

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MOORE CR2E034 (11/03)

4. FEI Number **65-0390571** Applied For Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Heidi Turk

11-7-04