2005 FOR PROFIT CORPORATION \_ANNUAL REPORT

## FILED Feb 07, 2005 08:00 AM Secretary of State **DOCUMENT # 353775** 1. Entity Name TUREK ENTERPRISES INC Principal Place of Business Mailing Address RTE 1 APT #213 TUREK BLDG RTE 1 APT #213 TUREK BLDG TAVERNIER, FL 33070 TAVERNIER, FL 33070 01142005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1319956 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TUREK, CASMIER 113 LAKE ST TAVERNIER, FL 33070\_\_ IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VD TITLE LEPIANKA, DAVID STREET ADDRESS 166 NW 16 ST U000000218511 HOMESTEAD, FLA 00000, CITY-ST-ZIP 02/07/05-80056-019 150.00 STD TITLE TUREK, ANDREW NAME STREET ADDRESS 113 LAKE ST. CITY-ST-ZIP TAVERNIER, FL TITLE NAME TUREK, CASIMER STREET ADDRESS 113 LAKE ST. DO NOT WRITE TAVERNIER, FL CITY-ST-ZIP TATLE IN THIS SPACE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

**SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP