

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 394447

1. Entity Name

EARL TURBYFILL BOOKING SERVICE, INC.



Principal Place of Business

7624 HOLIDAY ROAD SOUTH
JACKSONVILLE FL 32216
US

Mailing Address

7624 HOLIDAY ROAD, SOUTH
JACKSONVILLE FL 32216

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt #, etc.

NA

Suite, Apt #, etc.

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1383911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURBYFILL, EARL
7624 HOLIDAY ROAD, SOUTH
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD
NAME TURBYFILL, EARL
STREET ADDRESS 7624 HOLLIDAY RD. S.
CITY- ST- ZIP JACKSONVILLE FL

TITLE VD
NAME TURBYFILL, ROBERT
STREET ADDRESS 7624 HOLLIDAY RD. S.
CITY- ST- ZIP JACKSONVILLE FL

TITLE PD
NAME TURBYFILL, BEVERLY
STREET ADDRESS 7624 HOLLIDAY RD. S.
CITY- ST- ZIP JACKSONVILLE FL

TITLE
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STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 exemption stated in Section 119.07(3)(f), 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: *Beverly Turbyfill* ^{PD} Beverly Turbyfill 3/9/05 904-725-7590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #