

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454797

Entity Name: TURKEY CREEK, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

11820 TURKEY CREEK BLVD
ALACHUA, FL 326156513 US

New Principal Place of Business:

Current Mailing Address:

158 TURKEY CREEK
ALACHUA, FL 326156513 US

New Mailing Address:

FEI Number: 59-1543040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPE, N. FOREST
11820 TURKEY CREEK BLVD
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HOPE, DAVID F
Address: 11820 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL 32615

Title: PD () Delete
Name: HOPE, N FOREST
Address: 11820 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL

Title: STD () Delete
Name: JAYNE F HOPE
Address: 11820 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL

Title: V () Delete
Name: TAMALA H ENGELBERT
Address: 11820 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL

Title: V () Delete
Name: HOPE, PATRICIA W
Address: 11820 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HOPE, TAMALA J
Address: 11820 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: HOPE, DONNA P
Address: 11820 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. FOREST HOPE

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date