.....2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2004 08:00 AM Secretary of State **DOCUMENT # 501398** GREEN TURTLE INN, INC. Principal Place of Business Mailing Address PO BOX 585 81219 OVERSEAS HWY ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 03082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1657310 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROSENTHAL, JR, HENRY L 81219 OVERSEAS HWY ISLAMORADA, FL 33036 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ROSENTHAL, HENRY L. JR NAME STREET ADDRESS UPPER METECUMBE KEY ISLAMORADA, FL CITY-ST-ZIP *U00000095821* TITLE 03/25/04-80004-012 15D.nn NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of supplemental report Struct and accurate any 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

Daylime Phone #

SIGNATURE: