

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004411

FILED  
Jul 09, 2009  
Secretary of State

Entity Name: THE TURNAROUND GROUP, INC. OF LOUISIANA

**Current Principal Place of Business:**

52410 CLARK RD.  
WHITE CASTLE, LA 70788

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120  
WHITE CASTLE, LA 70788

**New Mailing Address:**

FEI Number: 71-0895045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324    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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CAMPESI, MICHAEL A  
Address: 52410 CLARK RD.  
City-St-Zip: WHITE CASTLE, LA 70788

Title: DS ( ) Delete  
Name: CAMPESI, ROSS JR  
Address: 52410 CLARK RD.  
City-St-Zip: WHITE CASTLE, LA 70788

Title: D ( ) Delete  
Name: CAMPESI, PATRICK O  
Address: 52410 CLARK ROAD  
City-St-Zip: WHITE CASTLE, LA 70788

**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:

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: PATRICK O CAMPESI

D

07/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date