


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90022 021 ***158.75

DOCUMENT # K25587 1. Entity Name TURTLE LANE FARM, INC.			
Principal Place of Business 777 S FLAGLER DR SUITE 1106 W PALM BEACH FL 33401		Mailing Address 777 S FLAGLER DR SUITE 1106 W PALM BEACH FL 33401	
2. Principal Place of Business 3101 Aachen Lane		3. Mailing Address 3101 Aachen Lane	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Wellington, FL		City & State Wellington, FL	
Zip 33414		Zip 33414	
Country Palm Beach		Country Palm Beach	
6. Name and Address of Current Registered Agent GOODMAN, MURRAY H. 777 S FLAGLER DR SUITE 1106 W PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	NAME GOODMAN, JOANIE M.	TITLE 	NAME
STREET ADDRESS 777 S. FLAGLER DR. #1106E	CITY-ST-ZIP WEST PALM BEACH FL 33401	STREET ADDRESS 	CITY-ST-ZIP
TITLE VPT	NAME GOODMAN, MARLEY B	TITLE 	NAME
STREET ADDRESS 777 S. FLAGLER DR. #1106E	CITY-ST-ZIP WEST PALM BEACH FL 33401	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP



1st MOORE

CR2E034 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 561-798-5867

Date Daytime Phone #