## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000881

FILED Mar 21, 2005 Secretary of State

Entity Name: SOUTH WALTON TURTLE WATCH GROUP, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
74 BIRCH S FREEPOR	ST. T, FL 32439				
Current Mailing Address:			New Maili	New Mailing Address:	
74 BIRCH S FREEPOR	ST. T, FL 32439				
FEI Number:	42-1529341	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:	
MAXWELL	,				
74 BIRCH S FREEPOR	T, FL 32439	US			
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.					
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I MAXWELL, SHA 74 BIRCH ST. FREEPORT, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I MAGEE, PATRIC PO BOX 1347 DESTIN, FL 325		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition FLETCHER, MARY 284 GROVE LANE FREEPORT, FL 32439	
Title: Name: Address: City-St-Zip:	MURPHY, AL 117 GULFVIEW	Delete DR. EACH, FL 32413	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MCDONALD, KIM 2445 BAY GROVE RD FREEPORT, FL 32439	
Title: Name: Address: City-St-Zip:	D () I CULLING, GAIL 2668 E. HWY. 30 SANTA ROSA BE		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HEGARTY, MARY 1630 SCENIC GULF DR MIRIMAR BEACH, FL 32550	
Title: Name: Address: City-St-Zip:	D ( ) I GODBOLD, TOM PO BOX 2157 SANTA ROSA BE		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition FOWLKES, RICHARD 66 SAND DUNES RD SANTA ROSA BEACH, FL 32439	
Title: Name: Address: City-St-Zip:	T () I RATCLIFFE, DAV 427 PELICAN BA SANTA ROSA BE	AY DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN RATCLIFFE T 03/21/2005