# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 01, 2007**
**Secretary of State**

DOCUMENT# N38685

**Entity Name:** TURTLE TIME, INC.

**Current Principal Place of Business:**

% WILLIAM T. HAVERFIELD
1833 HENDRY ST.
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM T. HAVERFIELD
1833 HENDRY ST.
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number: 65-0228858** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HAVERFIELD, WILLIAM T.
1833 HENDRY ST
FT. MYERS, FL 33901 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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | HAVERFIELD, EVE M | |
| Address: | 3627 HERITAGE LANE | |
| City-St-Zip: | FORT MYERS, FL 33908 | |
| Title: | DT | ( ) Delete |
| Name: | HEATH, PATRICIA | |
| Address: | 19591 LITTLE LANE | |
| City-St-Zip: | ALVA, FL 33920 | |
| Title: | D | ( ) Delete |
| Name: | CREWS, LYNNE | |
| Address: | 26332 NEW ORLEANS DRIVE | |
| City-St-Zip: | BONITA SPRINGS, FL 34135 | |
| Title: | S | ( ) Delete |
| Name: | MANN, MARSHA A | |
| Address: | 2945 ESTERO BLVD. | |
| City-St-Zip: | FORT MYERS BEACH, FL 33931 | |
| Title: | D | ( ) Delete |
| Name: | HAVERFIELD, WILLIAM T | |
| Address: | 3627 HERITAGE LANE | |
| City-St-Zip: | FORT MYERS, FL 33908 | |
| Title: | D | ( ) Delete |
| Name: | RALPH, ANGIE | |
| Address: | 25260 BAY CEDAR DRIVE | |
| City-St-Zip: | BONITA SPRINGS, FL 34134 | |

**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: | ( ) 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVE M. HAVERFIELD PD 02/01/2007
Electronic Signature of Signing Officer or Director — Date