

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38685

FILED
Apr 06, 2008
Secretary of State

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:

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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 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

04/06/2008

Electronic Signature of Signing Officer or Director

Date