

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED-**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000116010**

1. Entity Name  
**TURNING LEAF INVESTMENTS, INC.**



Principal Place of Business  
**11411 GRANDVIEW DRIVE  
DADE CITY, FL 33525**

Mailing Address  
**11411 GRANDVIEW DRIVE  
DADE CITY, FL 33525**



04252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3704559**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**AUVIL, JONATHAN L ESQ.  
37837 MERIDIAN AVENUE  
SUITE 314  
DADE CITY, FL 33525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **COOK, JACK L**  
STREET ADDRESS **11411 GRANDVIEW DRIVE**  
CITY ST ZIP **DADE CITY, FL 33525**

TITLE **D**  
NAME **PLAGEMAN, GERARD H**  
STREET ADDRESS **62 HONEYSUCKLE WOODS**  
CITY ST ZIP **LAKE WYLIE, SC 29710**

TITLE **D**  
NAME **PLAGEMAN, PHYLLIS F**  
STREET ADDRESS **62 HONEYSUCKLE WOODS**  
CITY ST ZIP **LAKE WYLIE, SC 29710**

TITLE **D**  
NAME **COOK, JO ANN**  
STREET ADDRESS **11411 GRANDVIEW DRIVE**  
CITY ST ZIP **DADE CITY, FL 33525**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

000000154089  
05/04/04-80154-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

COOK

DAYTIME PHONE #

**813-220-1758**