

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 014 ***150.00

DOCUMENT # P02000017569 1. Entity Name TURTLE LAKE PRODUCTIONS, INC			
Principal Place of Business 4601 118TH AVE. NORTH CLEARWATER, FL 33762		Mailing Address 6155 114 AVE AVE NORTH PINELLAS PARK, FL 33782	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4601 118TH AVE N Suite, Apt. #, etc.	
City & State Zip Country		City & State CLEARWATER FL Zip Country 33762 PINELLAS	
4. FEI Number 04-3626936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, MALISSA C 6155 114 AVE AVE NORTH PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4601 118TH AVE N CLEARWATER FL 33762 City FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHULTZ, MALISSA C 6155 114 AVE AVE NORTH PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULTZ, JOSEPH 6155 114 AVE AVE NORTH PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4601 118 TH AVE N CLEARWATER FL 33762	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Date Daytime Phone #	