

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90010 046 \*\*\*150.00

**DOCUMENT # P02000037868**

1. Entity Name

TURN SMITH, INC.



Principal Place of Business  
10889 LONGSHORE WAY E  
NAPLES FL 34119

Mailing Address  
10889 LONGSHORE WAY E  
NAPLES FL 34119

J4013337



MOORE CR2E034 (11/03)

2. Principal Place of Business

225 3RD ST.  
Suite, Apt. #, etc.

3. Mailing Address

225 3RD ST.  
Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS

4. FEI Number

02-0577764

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name SMITH DOUGLAS RONALD

Street Address (P.O. Box Number is Not Acceptable)  
225 3RD ST.

City BONITA SPRINGS

FL

Zip Code 34134

6. Name and Address of Current Registered Agent  
SMITH, DOUGLAS R  
10889 LONGSHORE WAY E  
NAPLES FL 34119

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVS  
NAME SMITH, DOUGLAS R  
STREET ADDRESS 10889 LONGSHORE WAY E  
CITY-ST-ZIP NAPLES FL 34119

TITLE DPVS  
NAME SMITH DOUGLAS R.  
STREET ADDRESS 225 3RD ST.  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE T  
NAME SMITH, DOUGLAS R  
STREET ADDRESS 10889 LONGSHORE WAY E  
CITY-ST-ZIP NAPLES FL 34119

TITLE T  
NAME SMITH DOUGLAS R  
STREET ADDRESS 225 3RD ST.  
CITY-ST-ZIP BONITA SPRINGS FL 34134

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CITY-ST-ZIP

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

03-15-04

Date

239-4954592

Daytime Phone #