2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042017

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

Entity Nar	me: TURLING	TON ENTERPRISES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	HST BLVD E ON, FL 34203	}-			FIELD PARK A, FL 34243	AVENUE	
Current Mailing Address:				New Mailing Address:			
5435 18TH ST BLVD E BRADENTON, FL 34203				2001 WHITFIELD PARK AVENUE SARASOTA, FL 34243			
FEI Number:	: 03-0388832	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Des	ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
5435 18TH	TON, TREVOR I ST BLVD E TON, FL 34203						
	named entity se of Florida.	submits this statement for the p	purpose o	f changing i	ts registered o	office or registered ager	ıt, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	որaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	TURLINGTON, 5435 18TH ST I BRADENTON, F VPT () TURLINGTON, 5435 18TH ST I BRADENTON, F	BLVD E FL 34203 US Delete CHERIE D BLVD E		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	TURLINGTON, 2001 WHITFIE SARASOTA, FI VP (X TURLINGTON, 2001 WHITFIE SARASOTA, FI S (LD PARK AVENUE L 34243 US C) Change () Addition TREVOR D VP LD PARK AVENUE L 34243 US) Change (X) Addition	
Name: Address: Citv-St-Zip:				Name: Address: Citv-St-Zip:	TURLINGTON, 2001 WHITFIE SARASOTA. FI	LD PARK AVENUE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TREVOR D TURLINGTON P 04/28/2005

() Delete

() Change (X) Addition

TURLINGTON, TREVOR D T

SARASOTA, FL 34243 US

2001 WHITFIELD PARK AVENUE