## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 17, 2004 8:00 am Secretary of State

04-26-2004 90499 012 \*\*\*150 00

DOCUMENT # P02000053901  1. Entity Name THE TURTLE MANAGEMENT SERVICES, INC.						04-26-200	4 90499 012 ***	°150.00
Principal Place of Business Mailing Address								
5320 LITTLE ROAD 5320 LITTLE ROAD					0.0	4010HH		
SUITE 283	CUEL EL GARRE	SUITE 283			i bt	421977		
NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655			34655		l exercise a constant	AKAN MADI AKIN AKIN KAM	ATTOCK TOLEN LOUIS LEATH CODES	TERCO NO CORT
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04162004	Chg-P	CR2E034 (10/03)	
City & State		City & State	City & State		4. FEI Number 02-0601		)————	ot Applicable
Zip	Country	Zip Cour		ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<del></del>	5. Name and Address of Curre	nt Registered Agent	legistered Agent		7. Name and Address of New Registered Agent			
		Name						
HASAPIDIS, KERTINOS KERYAKOS 5337 HALTATA COURT NEW PORT RICHEY, FL 34655			• .	Street Address (	P.O. Box Numbe	Is Not Acceptable	<del></del>	<del></del>
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				City			FL Zip Coo	te
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 prinsjet parms of registered agent and title if applicable. (NOTE: Registered Agent algoritative recurred when reinsasting)  DATE								·
	Signature, typed or printed pame of registered age	ons and this if applicable. (NO	IE: Pegistan	en ydaui adustrus iednusc	Miser (enditend)		DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550	9. Election Campa 7.00 Trust Fund Con			.00 May Be led to Fees			
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFE	CERS AND DIRECTOR	S IN 11
TITLE	P R	Delete	ım				Change	Addition
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NAME	HASAPIOUS, KERRY	<b></b>	NAA					J
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City-St-ZIP	NEW PORT RICHEY, FL 34655			1-ST-ZIP				
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CITY-ST-ZIP			1	Y-ST-ZIP				]
TITLE		☐ Delete	ħη	E			☐ Change	☐ Addition
NAME			NAS					1
STREET ADDRESS	1		1	EET ADDRESS { y-St-zip				1
CITY-ST-ZIP	carries that the information supplied a	with this filing close and qualified			ection 119 07(2V)	) Florida Statutes 1	further certify that the	information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information spindicated 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 rustate 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: A TOWN 1866 - 200 127-375-8603								