## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 30, 2004 8:00 am Secretary of State **DOCUMENT # P02000054079** 1. Entity Name 09-30-2004 90012 021 \*\*\*150.00 TURTRADE INC Principal Place of Business Mailing Address 3791 SIVER STAR ROAD 3791 SIVER STAR ROAD 54073680 ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address 357 MEADOW BEAUTY TERR 357 MFADOW BEAUTY TERR Suite, Apt. #, etc. Suite, Apt. #, etc. 09172004 CR2E034 (10/03) Cho-P City & State 4. FEI Number Applied For City & State SANFORD 55-0787532 Not Applicable SANFORD Country \$8.75 Additional 5. Certificate of Status Desired 32771 SEMINOLE SEMINOLE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALTUNBAY, EROL Street Address (P.O. Box Number is Not Acceptable) 357 MEADOW BEAUTY TERR SANFORD, FL 32771 City 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 agents agent and title if applicable SIGNATURE. Signature, typed or prints (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 (hange DT Delete DT Addition TITLE TITLE NAME ALTUNBAY, EROL NAME ALTUNBAY EROL 3791 SIVER STAR ROAD STREET ADDRESS 3157 MEADOW BEAUTY TERR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP GANFORD FL 32771 Addition ☐ Delete TITLE TITI F ☐ Change SERDAL DEMIRAG NAME NAME STREET ADORESS STREET ADDRESS 357 MEADOW BEAUTY TEER SANFORD FL CITY-ST-7IP CITY-ST-ZIP 32771 ☐ Change Addition TOTLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADORESE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 tripowered. SIGNATURE: FROL ATTINGAL