
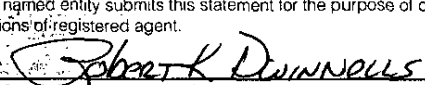

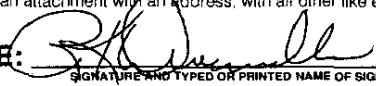


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90191 034 \*\*\*150.00

<b>DOCUMENT # P03000115227</b> 1. Entity Name <b>TURTLE CONSTRUCTION, INC.</b>					
Principal Place of Business <b>2820 34TH AVENUE DRIVE EAST BRADENTON, FL 34208</b>			Mailing Address <b>2820 34TH AVENUE DRIVE EAST BRADENTON, FL 34208</b>		
2. Principal Place of Business <b>2003 29th Ave West</b>		3. Mailing Address <b>2003 29th Ave West</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BRADENTON FL</b>		City & State <b>BRADENTON FL</b>		4. FEI Number <b>200322976</b>	
Zip <b>34205</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name-- <b>ROBERT DWINNELLS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2003 29th Ave West</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34205</b>		
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   DATE <b>5-1-04</b> <small>(Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PST DWINNELLS, ROBERT K 2820 34TH AVENUE DRIVE EAST BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>ROBERT K DWINNELLS</b> Date <b>5-1-04</b> Daytime Phone # <b>748-2159</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					