2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000136578

1. Entity Name
THREE TURTLES, INC.

Principal Place of Business	Mailing Address
2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART, FL 34994	2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART, FL 34994

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
35-2229594	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, STEVEN L
2400 SE FEDERAL HIGHWAY
FOURTH FLOOR
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERRY, STEVEN L
STREET ADDRESS	2400 SE FEDERAL HIGHWAY, FOURTH FLOOR
CITY-ST-ZIP	STUART, FL 34994

TITLE	
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04/07/05-80028-024 150.00

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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: _____SM_____   3/14/05   (772)286-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #