

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146408

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TURNKEY RESOURCES, INC.

**Current Principal Place of Business:**

3025 CANOE CREEK ROAD  
SAINT CLOUD, FL 34772 US

**New Principal Place of Business:**

**Current Mailing Address:**

3025 CANOE CREEK ROAD  
SAINT CLOUD, FL 34772 US

**New Mailing Address:**

**FEI Number:** 20-0554784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIELSEN, JERALD  
3025 CANOE CREEK ROAD  
SAINT CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: NIELSEN, JERALD  
Address: 3025 CANOE CREEK ROAD  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: P  
Name: NIELSEN, EDITH  
Address: 3025 CANOE CREEK ROAD  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: TS  
Name: DOYLE, CINDY  
Address: 874 SENECA TRAIL  
City-St-Zip: ST CLOUD, FL 34772 US

I hereby 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 all other like empowered.

SIGNATURE: JERALD NIELSEN

VP

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date