

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000012983

1. Entity Name
TURNING LEAF PROMOTIONAL & ADVERTISING
PRODUCTS INC.



Principal Place of Business
5638 RIVERSIDE DRIVE
CAPE CORAL, FL 33904 US

Mailing Address
5638 RIVERSIDE DRIVE
CAPE CORAL, FL 33904 US

FILED
Sep 11, 2008 08:00 AM
Secretary of State



09052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0095774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RACHEL R
5638 RIVERSIDE DRIVE
CAPE CORAL, FL 33904

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME DIAZ, R
STREET ADDRESS 5638 RIVERSIDE DRIVE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VP
NAME DIAZ, RACHEL R
STREET ADDRESS 5638 RIVERSIDE DRIVE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE TREA
NAME DIAZ, RACHEL R
STREET ADDRESS 5638 RIVERSIDE DRIVE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-3-08 (239)
849-4433