2006 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P05000019430** TURN KEY BUILDERS, INC.



FILED

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90213 019 ***150.00

1. Entity Name りのひてぶんのや Mailing Address Principal Place of Business 12303 FREESIA COURT 12303 FREESIA COURT RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 CR2E034 (11/05) Cha-P 4. FEI Number City & State City & State Applied For 202329605 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLOS, JR., STANLEY J Street Address (P.O. Box Number is Not Acceptable) 12303 FREESIA COURT RIVERVIEW, FL 33569 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change Addition NAME KLOS, JR., STANLEY J NAME 12303 FREESIA COURT STREET ADDRESS STREET ADDRESS CITY - ST - ZIP RIVERVIEW, FL 33569 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KLOS, PINGIA G NAME NAME 12303 FREESIA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE □ Сћалое ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 97 address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR