


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 012 ***150.00

DOCUMENT # P05000091473

1. Entity Name
JESSE K. TURNIPSEED, INC.



Principal Place of Business Mailing Address
~~3333 S. RIDGEWOOD AVE., #27~~ ~~3333 S. RIDGEWOOD AVE., #27~~
~~PORT ORANGE, FL 32129~~ ~~PORT ORANGE, FL 32129~~



2. Principal Place of Business 3. Mailing Address
1876 CREEK WATER BLVD **1876 CREEK WATER BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State **PORT ORANGE, FL** City & State **PORT ORANGE, FL**
 Zip **32128** Country **FLORIDA** Zip **32128** Country **FLORIDA**

4. FEI Number **20-3051096** Applied For
 Not Applicable

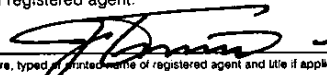
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TURNIPSEED, JESSE K
~~9933 S. RIDGEWOOD AVE., #27~~ **1876 CREEK WATER BLVD**
~~PORT ORANGE, FL 32129~~ **PORT ORANGE, FL 32128**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  **JESSE K. TURNIPSEED** **D** DATE **3/27/2006**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 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	D <input type="checkbox"/> Delete TURNIPSEED, JESSE K 3333 S. RIDGEWOOD AVE., #27 PORT ORANGE, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME SAME 1876 CREEK WATER BLVD PORT ORANGE, FL 32128
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
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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 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:  **JESSE K. TURNIPSEED** **D** Date **3/27/2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #