## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: \_

## Mar 07, 2006 8:00 am Secretary of State **DOCUMENT # P05000115693** 03-07-2006 90010 016 \*\*\*150.00 TURQUOISE BAY BUILDERS INC. Mailing Address Principal Place of Business 18110 PARKRIDGE CIRCLE 18110 PARKRIDGE CIRCLE FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chq-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 20-35 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MULDER, JOEL D Street Address (P.O. Box Number is Not Acceptable) 18110 PARKRIDGE CIRCLE FORT MYERS, FL 33908 Zip Code City 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 10. OFFICERS AND DIRECTORS Addition Delete Change TILLE NAME MULDER, JOEL D NAME STREET ADDRESS STREET ADDRESS 18110 PARKRIDGE CIRCLE CATY-ST-ZIP FORT MYER, FL 33908 CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CRY-ST-ZIP ☐ Delete Change Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 as

**FILED**