2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2006 8:00 am Secretary of State 01-10-2006 90032 035 ***150.00

DOCUMENT # P05000128535 1. Entity Name TURTLE BAY ANGLERS, INC.						01-10-20	06 90032 035 ***	150.00
Principal Place of Business Mailing Address								
112 W. CITRUS STREET 112 W. CITRUS STREET			ET				ma	
	SPRINGS, FL 32714		ALTAMONTE SPRINGS, FL 32714			60000875		
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2. Principal P	lace of Business	3. Mailing Address			——			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032006	Chg-P	CR2E034 (11/05)
Cir. 8 State		00.000						
City & State		City & State			4. FEI Numb	er 722929		Applied For Not Applicable
Zip Country		Zip Count		itry			¢9.75 .	
				·	5. Certificate	of Status Desired	d Fee Requi	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of Nev	w Registered Agent	
MANTILITIAIC HAMPEC MA				Name				
MATTHEWS, JAMES M 112 W. CITRUS STREET			Street Address (P.O. Box Number is Not Acceptable)					
ALTAMONTE SPRINGS, FL 32714								
				City			FL Zip Ci	ode
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 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS	CHANGES TO C	OFFICERS AND DIRECTO	RS IN 11
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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:

J. Michael Matthews:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

407-628-4021