

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008503

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: TURNSTYLE INVESTMENTS INC

## Current Principal Place of Business:

2242 PELINION STREET  
APOPKA, FL 32712

## New Principal Place of Business:

## Current Mailing Address:

2242 PELINION STREET  
APOPKA, FL 32712

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC  
813 DELTONA BLVD STE A  
DELTONA, FL 02725 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAGEOFF, PHILIP  
Address: 875 TOMLINSON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete  
Name: MOJZISIK, MATTHEW  
Address: 2242 PELINION ST  
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete  
Name: MAGEOFF, CHRISTY  
Address: 875 TOMLINSON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: T ( ) Delete  
Name: MOJZISIK, KACEY  
Address: 2242 PELINION ST  
City-St-Zip: APOPKA, FL 32712

Title: VPOC ( ) Delete  
Name: HUARD, GUY A  
Address: 1056 GRIZZLY CT  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW T. MOJZISIK

VP

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date