

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127105

Entity Name: TURTLE D'S, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

4207 CONFEDERATE POINT ROAD
APT. 143
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

4276 VARNER RD
JACKSONVILLE, FL 32210 US

Current Mailing Address:

4207 CONFEDERATE POINT ROAD
APT. 143
JACKSONVILLE, FL 32210 US

New Mailing Address:

4276 VARNER RD
JACKSONVILLE, FL 32210 US

FEI Number: 26-1454722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, STEVEN W
1106 PARK AVENUE
ORANGE PARK, FL 32073 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: DAVIS, BARBARA
Address: 4207 CONFEDERATE POINT RD APT 143
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP () Delete
Name: DAVIS, BOBBY
Address: 4207 CONFEDERATE POINT RD APT 143
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC () Delete
Name: DAVIS, BOBBY
Address: 4207 CONFEDERATE POINT RD APT 143
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TREA () Delete
Name: DAVIS, BOBBY
Address: 4207 CONFEDERATE POINT RD APT 143
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, BARBARA
Address: 4276 VARNER RD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP (X) Change () Addition
Name: DAVIS, BOBBY
Address: 4276 VARNER RD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC (X) Change () Addition
Name: DAVIS, BOBBY
Address: 4276 VARNER RD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TREA (X) Change () Addition
Name: DAVIS, BOBBY
Address: 4276 VARNER RD
City-St-Zip: JACKSONVILLE, FL 32210 US

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: BARBARA DAVIS

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date