


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000068081 1. Entity Name TURKEY ISLAND ASSOCIATES, INC.		
Principal Place of Business 26 SHADOW CREEK WAY ORMOND BEACH, FL 32174 US	Mailing Address 26 SHADOW CREEK WAY ORMOND BEACH, FL 32174 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLICK, KEVIN P 26 SHADOW CREEK WAY ORMOND BEACH, FL 32174		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11000000395542 01/26/06-80056-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLICK, KEVIN P 26 SHADOW CREEK WAY ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FLICK, ANN C 26 SHADOW CREEK WAY ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 another like empowered.		
SIGNATURE: <u>Kevin P. Flick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/20/06</u> Daytime Phone # <u>386-334-3510</u>



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3266806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	