


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P95000075069 1. Entity Name DIANE TURTON, REALTY INC. |  |
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| Principal Place of Business 50 BEACH RD UNIT 402 TEQUESTA, FL 33469 | Mailing Address 50 BEACH RD UNIT 402 TEQUESTA, FL 33469 |
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02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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|---|
| 6. Name and Address of Current Registered Agent TURTON, DIANE S 50 BEACH RD UNIT 402 TEQUESTA, FL 33469 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TURTON, DIANE S 50 BEACH RD UNIT 402 TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TURTON, ALAN B 50 BEACH RD UNIT 402 TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURTON, DAVID 50 BEACH RD UNIT 402 TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000049039
02/13/04-80007-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Diane Turton* 2/9/04 732-295-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #