


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90547 040 ***150.00

DOCUMENT # P95000097183

1. Entity Name
TURA MARKETING AND CONSULTING, INC.



Principal Place of Business
3020 CRESTED CIRCLE
ORLANDO, FL 32837 US

Mailing Address
3020 CRESTED CIRCLE
ORLANDO, FL 32837 US

2. Principal Place of Business
2322 Huntington Green Ct.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 561660
 Suite, Apt. #, etc.

City & State
ORLANDO FL.

City & State
Orlando FL.

Zip
32839

Country
USA

Zip
32856

Country
USA



04212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

AKBAY, RAGIP
3020 CRESTED CIRCLE
ORLANDO, FL 32837

4. FEI Number
59-3354133

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AKBAY, RAGIP 3020 CRESTED CIRCLE ORLANDO, FL 32837	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **4.21.04** **407-851-6390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #