


**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	<b>PSTD</b> <b>AKBAY, RAGIP</b> <b>3020 CRESTED CIRCLE</b> <b>ORLANDO, FL 32837</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ DATE: **4.21.04** DAYTIME PHONE: **407-851-6390**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR