## 2007 FOR PROFIT CORPORATION ANNUAL REFORT

## May 03, 2007 08:00 A Secretary of State DOCUMENT # P96000014972 TURNKEY MARINE INC. Principal Place of Business Mailing Address 5800 OVERSEAS HIGHWAY 1100 OVERSEAS HIGHWAY MARATHON, FL 33050 SUITE 40 MARATHON, FL 33050 04042007 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0647238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANZ, DAVID L DO NOT WRITE 5800 OVERSEAS HWY **STE 40** IN THIS SPACE MARATHON, FL 33050 8. The above named entity submits 14 is 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 05/24/07-80033-012 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME RIEGOR, JOHN C STREET ADDRESS 1100 OVERSEAS HWY CITY-ST-ZIP MARATHON, FL 33050 TITLE RIEGOR, SANDRA NAME 1100 OVERSEAS HWY STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR AND TYPED OR PRINTED

Daytime Phone #

**FILED**