

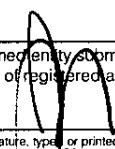
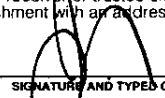


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| DOCUMENT # P96000059733 1. Entity Name TORTUGA PROPERTIES, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 8252 WILTSHIRE DRIVE PORT CHARLOTTE, FL 33981 | | | | Mailing Address P.O. BOX 541 PLACIDA, FL 33946 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 912 Rotonda Circle Suite, Apt. #, etc. | | 3. Mailing Address 912 Rotonda Circle Suite, Apt. #, etc. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Rotonda West, FL Zip 33947 | | City & State Rotonda West, FL Zip 33947 | | 4. FEI Number 65-0688172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent TURFFS, ROBERT E 2055 WOOD ST., STE. 206 SARAOSTA, FL 34237 | | | 7. Name and Address of New Registered Agent Name James T. Duff Street Address (P.O. Box Number is Not Acceptable) 912 Rotonda Circle City Rotonda West FL Zip Code 33947 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  James T. Duff DATE 4/12/04 <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, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> PD DUFF, JAMES T 8252 WILTSHIRE DRIVE PORT CHARLOTTE, FL 33981 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUFF, JAMES T 8252 WILTSHIRE DRIVE PORT CHARLOTTE, FL 33981 | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> 912 Rotonda Circle Rotonda West, FL 33947 </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 800034798808 04/30/04--01009--017 **350.00 </td> <td colspan="2"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 912 Rotonda Circle Rotonda West, FL 33947 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 800034798808 04/30/04--01009--017 **350.00 | | | | | | | | | | | | | | | | | |
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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:  James T. Duff DATE 4/12/04 DAYTIME PHONE # 941-698-0509 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |