

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150.00

DOCUMENT # P96000059733

1. Entity Name

TORTUGA PROPERTIES, INC.



*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -2 AM 11:07

Principal Place of Business

912 ROTONDA CIRCLE
ROTONDA WEST FL 33947

Mailing Address

912 ROTONDA CIRCLE
ROTONDA WEST FL 33947

2. Principal Place of Business

8282 Wiltshire Dr.
Suite, Apt. #, etc.

3. Mailing Address

8282 Wiltshire Dr.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Port Charlotte FL

City & State

Port Charlotte, FL

4. FEI Number

65-0688172

Applied For

Not Applicable

Zip

33981

Country

USA

Zip

33981

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFF, JAMES T
912 ROTONDA CIRCLE
ROTONDA WEST FL 33947

8282 Wiltshire Dr.
Port Charlotte FL
33981

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DUFF, JAMES T
STREET ADDRESS 912 ROTONDA CIRCLE
CITY-ST-ZIP ROTONDA WEST FL 33947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8282 Wiltshire Dr.
CITY-ST-ZIP Port Charlotte, FL 33981

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700046559357
CITY-ST-ZIP 02/15/05--01006--002 **250.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

941-380-3833

Daytime Phone #