

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90031 047 ***150.00

DOCUMENT # P96000066780

1. Entity Name
TURUCO, INC.



Principal Place of Business
**1784 ARABIAN LANE
PALM HARBOR, FL 34685**

Mailing Address
**1784 ARABIAN LANE
PALM HARBOR, FL 34685**

94011004



2. Principal Place of Business
3066 WOODSONG LANE
Suite, Apt. #, etc.

3. Mailing Address
3066 WOODSONG LANE
Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
59-3440676

Applied For
Not Applicable

Zip- **33761** Country **U.S.A.**

Zip **33761** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

**SICKLE, LINDA
3066 WOODSONG LANE
CLEARWATER, FL 33761**

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, 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 **D** ☐ Delete
NAME **RUSK, GERALD**
STREET ADDRESS **98 LUCHSINGER RD**
CITY-ST-ZIP **PT CLINTON, OH 43452**

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

TITLE **D** ☐ Delete
NAME **TURCO, LORETO**
STREET ADDRESS **3066 WOODSONG LANE**
CITY-ST-ZIP **CLEARWATER, FL 33761**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Lou Turco* **Lou Turco**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

Date

440-934-1909

Daytime Phone #