## **2008 FOR PROFIT CORPORATION**

## FILED Apr 24, 2008 8:00 am Secretary of State

ANNUAL REPURT					•		•	OI St	
DOCU 1. Entity Nam TURN KE				04-24-2	2008 9013	39 001 ***30	00.00		
Principal Plac 330 OFFICE BUSINESS PI ROYAL PALM	1B	Mailing Address 169 SEAVIEW AVE PALM BEACH, FL 33480	) US		8 <b>7 8 3</b> 17 <b>8</b> 17 18 18 18 18 18 18 18 18 18 18 18 18 18	(B)(4   B B)   B B)(4 B	60077		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	·						
350 So. County Road		350 So. County Road		a	) 30 <b>3</b> 031100 501	INIM JADII TURK U.	iil bell balen i	II EL STREN NIIIL BRIBLINI	1 001    100
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04040000	Ch. D	00	05004 (40100)	
Suite	102-136	Suite 102-1	36		04012008	Chg-P	CR	2E034 (12/06)	•
City & Stat	18	City & State			4. FEI Numbe			Ar	plied For
Palm E		Palm Beach,	FL		65-074	5156		No	t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desi	red 🖪	\$8.75 Add	
33480		33480	USA	!				Fee Require	d
	6. Name and Address of Current I	Registered Agent	Name		7. Name and	Address of N	lew Register	red Agent	
TURN KEY	Anthony Myura								
169 SEAV	Y HOME BUILDERS, INC. IEW AVE		Street Address (P.O. Box Number is Not Acceptable)					-	
PALM BEA	ACH, FL 33480		350	<u>0 So</u>	. Coun	<u>ty Roa</u>	<u>.d</u>		
	•		City				·	Zip Cod	e
O The above		Pa.	lm B	leach		-	<b>-</b>   334	80	
the obligat	named entity somits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or bot	h, in the State	of Florida. I	am familiar with,	and accept
	71 VW								
SIGNATURE_					·· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered agent a	ind the if applicable (NOTE, )	Registered Agent signatu	ure required	when reinstating)		DA	TE.	
	to the second se								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib	~		00 May Be ed to Fees	•			•
		Trust Fund Contrib	~		ed to Fees	CHANGES TO	OFFICERS	AND DIRECTOR	S IN 11
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After Ma	OFFICERS AND I P MYURA, ANTHONY 169 SEAVIEW AVE	Trust Fund Contrit DIRECTORS	11. IIILE NAME STREET ADDRESS	Adde	ADDITIONS/	ounty	Road,	X Change Ste. 1	Addition
After Ma	OFFICERS AND I P MYURA, ANTHONY	Trust Fund Contrit DIRECTORS	11. IIILE NAME	Adde	ADDITIONS/	ounty	Road,	X Change Ste. 1	Addition
After Ma	OFFICERS AND I P MYURA, ANTHONY 169 SEAVIEW AVE	Trust Fund Contrit DIRECTORS	TIL.  IIILE  NAME  SIREE I ADDRESS  CITY-S1-ZIP  IIILE	Adde	ADDITIONS/	ounty	Road,	X Change Ste. 1	Addition
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12. I hereby certify that the information supplied with this filling 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: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-820-2520

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