

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P98000052370**

1. Entity Name  
**TURNING POINT ENHANCEMENT CENTER, INC.**



Principal Place of Business  
**7753 QUEEN CT.  
LAKE WALES, FL 33853**

Mailing Address  
**7753 QUEEN CT.  
LAKE WALES, FL 33853**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3519582**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BAILEY, LINDA J  
7753 QUEEN CT.  
LAKE WALES, FL 33853**

**DO NOT WRITE  
IN THIS SPACE**

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 *Linda Bailey, STD*

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

(NOTE: Registered Agent signature required when reinstating)

*1/10/06*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HUDSON, LAURIANNE R
STREET ADDRESS	18 POLK AVE. WEST
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	STD
NAME	BAILEY, LINDA J
STREET ADDRESS	7753 QUEEN CT.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000387910  
01/19/06-80058-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Linda Bailey, STD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LINDA BAILEY**

*1/10/06*  
Date

*863-696-1555*  
Daytime Phone #