



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000060780</b> 1. Entity Name <b>TURNSTILE ENTERPRISES, INCORPORATED</b>	
--	---

Principal Place of Business <b>1500 PARK CENTER DR ORLANDO, FL 32835 US</b>	Mailing Address <b>1500 PARK CENTER DR ORLANDO, FL 32835</b>
--	---

**DO NOT WRITE IN THIS SPACE**



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0854172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JONES, FREDERICK W 369 N. NEW YORK AVENUE THIRD FLOOR WINTER PARK, FL 32789</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature: typed or printed name of registered agent and title if applicable. DATE

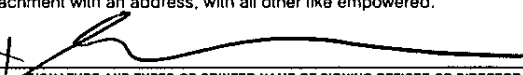
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIN, RANCE E 5536 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIN, MERRILEE P 5536 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565487  
05/20/06-00136-014 150.00

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

Date **5/15/06** Daytime Phone # **407-563-2000**