

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90990 032 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P98000071908							
1. Entity Name TURSE ENTERPRISES, INC.							
Principal Place of Business 434 E. SPRINGTREE WAY LAKE MARY FL 32746			Mailing Address PO BX 520308 LONGWOOD FL 32752				
2. Principal Place of Business 577 Autumn DR.		3. Mailing Address P.O. Box 520308					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Apopka, FL		City & State LONGWOOD, FL		4. FEI Number 59-3526584			
Zip 32712		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32752		Country SEMINOLE		6. Name and Address of Current Registered Agent TURSE, JOSEPH JR 134 LEON AVE DELAND FL 32720			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 577 Autumn DR. City Apopka FL Zip Code 32712							
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 <u>Joseph J. Turse Jr.</u> <u>4/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PD	NAME TURSE, JOSEPH JR		<input type="checkbox"/> Delete	TITLE PD	NAME TURSE, Joseph Jr.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 443 E. SPRINGTREE WAY	CITY-ST-ZIP LAKE MARY FL 32746			STREET ADDRESS 577 Autumn DR.	CITY-ST-ZIP Apopka, FL 32712		
TITLE VST	NAME TURSE, RUTH G		<input type="checkbox"/> Delete	TITLE VST	NAME TURSE, RUTH G.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 443 E. SPRINGTREE WAY	CITY-ST-ZIP LAKE MARY FL 32746			STREET ADDRESS 577 Autumn DR.	CITY-ST-ZIP Apopka, FL 32712		
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____			STREET ADDRESS _____	CITY-ST-ZIP _____		
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____			STREET ADDRESS _____	CITY-ST-ZIP _____		
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____			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: <u>Joseph J. Turse Jr.</u>				DATE: <u>4/22/04</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			