2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM

		35 195 3514		Secretary of State
DOCUMENT # P99000103441 1. Entity Name SOFT SHELL TURTLE, INC. Principal Place of Business Mailing Address				Secretary or State
Principal Place of Business Mailing Address 7023 LENCZYK DR. 7023 LENCZYK DR. JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277				
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				01212005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE				4. FE! Number Applied For
			ŀ	59-3157030 Not Applicable 5. Certificate of Status Desired Search Additional
	6. Name and Address of Current Regis	stered Agent		Fee Required
PARKER-ROGERS, JUDY A 7023 LENCZYK DR. JACKSONVILLE, FL 32277		· · · · · · · · · · · · · · · · · · ·		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 Signature, typed or printed name of registered agent and title if applicable				
				00 May Be d to Fees
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME	PD PARKER-RÖĞERS, JUDY A	المحادد المحاد		-
STREET ADDRESS CITY+ST-ZIP	7023 LENCZYK DR. JACKSONVILLE, FL 32277		· · - · - ·	<u>1000000334848</u> 04/27/05-80062-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-21P				
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TITLE NAME				
STREET ADDRESS CITY -ST - ZIP	<u></u>		and the second s	
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12. I hereby certify that the information supplied with this filling 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: AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone of				
Gudyffinn Farter-Rogers - Mrs.				