

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000023963

Entity Name: TURNKEY VENTURES INC.**Current Principal Place of Business:**536 11TH STREET N
ATTN: PETE LORINS
NAPLES, FL 34102**Current Mailing Address:**536 11TH STREET N
ATTENTION PETE LORINS
NAPLES, FL 34102 US**FEI Number:** 84-5191919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LORINS, PETERSON M
5228 TREETOPS DR
NAPLES, FL 34113 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LORINS, PETERSON M
Address	5742 S. STONY ISLAND AVENUE APT 14
City-State-Zip:	CHICAGO IL 60637

Title	VP
Name	PIERRE, PATRICK
Address	2121 S. HIAWASSEE ROAD STE 4455
City-State-Zip:	ORLANDO FL 32835

Title	VP
Name	SAWYER, REED
Address	38328 CROWN PLACE
City-State-Zip:	LADY LAKE FL 32159

Title	VP
Name	LORINS, BRANDON
Address	5742 S. STONY ISLAND AVENUE APT 14
City-State-Zip:	CHICAGO IL 60637

Title	VP
Name	PELISSIER, JOEL
Address	10268 GULFSTONE CT
City-State-Zip:	FORT MYERS FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETERSON M LORINS

P

04/28/2023

Electronic Signature of Signing Officer/Director Detail_____
Date