2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2004 08:00 AM Secretary of State DOCUMENT # H10087 TURNER TRANSMISION SERVICE, INC. Mailing Address Principal Place of Business 531 NW 10TH ST. 403 NORTHEAST SECOND STREET 531 NW 10TH ST. OCALA, FL 34475 US OCALA, FL 34475 US 01202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2577029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLSPERMANN, CARL W DO NOT WRITE 1111 NW 25TH AVE 5202 OCALA, FL 34470 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 (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PST TIBLE TURNER, ESTHER T. NAME 531 NORTHWEST 10TH ST. STREET ADDRESS. CITY-ST-ZIP OCALA, FL TITLE U00000121313 TURNER, HENRY M. JR. NAME 04/20/04-80046-005 150.00 531 NORTHWEST 10TH ST. STREET ADDRESS CITY-ST-ZIP OCALA, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STLE NAME

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 INTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS

FILED