

2006 **2006** ANNUAL REPORT

DOCUMENT # H10087

1. Entity Name  
TURNER TRANSMISION SERVICE, INC.



**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
531 NW 10TH ST.  
403 NORTHEAST SECOND STREET  
OCALA, FL 34475 US

Mailing Address  
531 NW 10TH ST.  
OCALA, FL 34475 US



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2577029

Applied For  
Not Applied

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ELLSPERMANN, CARL W  
1111 NW 25TH AVE 5202  
OCALA, FL 34470

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

11000004055516  
02/07/06-80043-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST TURNER, ESTHER T. 531 NORTHWEST 10TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TURNER, HENRY M. JR. 531 NORTHWEST 10TH ST. OCALA, FL
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	

**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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Esther Turner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

Date

(352) 732-0000  
Daytime Phone #