


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H10087 1. Entity Name TURNER TRANSMISION SERVICE, INC.	
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FILED

2007 MAY 24 AM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04302007 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country	4. FE# Number 59-2577029	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ELLSPERMANN, CARL W 1111 NW 25TH AVE 5202 OCALA, FL 34470
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST <input type="checkbox"/> Delete TURNER, ESTHER T. 531 NORTHWEST 10TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete TURNER, HENRY M. JR. 531 NORTHWEST 10TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Turner, Esther T 3621 NW 17th Ave Ocala FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Turner, Henry M Jr 531 NW 10th Ave Ocala FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Turner, Edith 3105 NW 17th Ave Ocala FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kinsey-Lusher, Louise 4751 NE 23 Ave Ocala FL 34479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700104108467 06/08/07--01013--009 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Louise Kinsey* 5/21/07 (325) 132-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1150