


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2008 08:00 A
Secretary of State

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



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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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2577029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000865860
 04/08/08-80006-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, ESTHER T 3621 NW 17TH AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, HENRY M JR 531 NW 10TH ST. OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, EDITH 3605 W 17TH AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINSEY-LUSHER, LOUISE 4751 NE 23 AVE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* *Louise Kinsey* 3/20/08 (352) 732-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #