


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90018 031 ***150.00

DOCUMENT # K68405 1. Entity Name TURNER FOODS CORPORATION	
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Principal Place of Business ATTN: DENNIS P. COYLE 700 UNIVERSE BLVD JUNO BEACH, FL 33408 US	Mailing Address ATTN: DENNIS P. COYLE 700 UNIVERSE BLVD JUNO BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0019752	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

LEON, J E
9250 W FLAGLER ST
MIAMI, FL 33174

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLEHER, LAWRENCE J 700 UNIVERSE BLVD. JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COYLE, DENNIS P 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAY III, LEWIS 700 UNIVERSE BLVD JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUTLER, PAUL I 700 UNIVERSE BLVD. JUNO, FL 33408
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 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:  Dennis P. Coyle 01/29/04 (561) 694-3424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #