

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090167

Entity Name: SHARON D TURNER, INC.

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

12008 BALM RIVERVIEW RD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1042
RIVERVIEW, FL 33568 US

New Mailing Address:

FEI Number: 38-3723957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, SHARON D
12008 BALM RIVERVIEW RD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: LORD, DENNIS G
Address: 13626 LARAWAY DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP,S (X) Delete
Name: TURNER, SHARON D
Address: P O BOX 1042
City-St-Zip: RIVERVIEW, FL 33568 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURNER, SHARON D
Address: P O BOX 1042
City-St-Zip: RIVERVIEW, FL 33568 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON D TURNER

P

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date