


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000090167  
 1. Entity Name  
 SHARON D TURNER, INC.



Principal Place of Business      Mailing Address  
 12008 BALM RIVERVIEW RD      P O BOX 1042  
 RIVERVIEW, FL 33569 US      RIVERVIEW, FL 33568 US

**DO NOT WRITE IN THIS SPACE**



02132007    No Chg-P    CR2E034 (11/05)

4. FEI Number 38-3723957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 TURNER, SHARON D  
 12008 BALM RIVERVIEW RD  
 RIVERVIEW, FL 33569

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**      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	P TURNER, SHARON D P O BOX 1042 RIVERVIEW, FL 33568
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 02/27/07-80003-010 150.00

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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. *Sharon D Turner*

SIGNATURE: *Sharon D Turner*    *Pres.*    2/13/07    813-677-9607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #