## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

ANNUAL REPORT					retary of St	
DOCUMENT # V27199  1. Entity Name DEAN K. TURMAN, P.A.				Sec	ictary of St	
Principal Place of Business 12598 KIRBY SMITH RD ORLANDO, FL 32832 US	Mailing Address P.O. BOX 701865 ST. CLOUD, FL 34770-1865	D. BOX 701865				
DO NOT WRITE IN THIS SPAC			01192007 No Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent HALL, MICHAEL G JR. 12600 KIRBY SMITH ROAD ORLANDO, FL 32832				OT WRIT		
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typod or provided name of registered agent and  Signature.		ed office or registers		e State of Florida. I a		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			00 May Be ad to Fees			
10. OFFICERS AND DI  IIILE CPD  NAME TURMAN, DEAN K  STREET ADDRESS CITY-ST-ZIP ORLANDO, FL  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	RECTORS		DO NO	U0000006 04/11/07-8 OT WRIT		
TITLE NAME STREET ADDRESS						

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: \_

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LATING AND TOPTOR POWER NAME OF SIGNING OFFICE OF DIRECTOR

Direct

3-29-01 407-273-0792