2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252155

City-St-Zip:

JACKSONVILLE, FL 32207

Entity Name: TURNER PLUMBING COMPANY

FILED Apr 28, 2005 Secretary of State

| • | | | | | |
|---|---|------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
| CHARLES H TURNER AND WORTH B | | | | | |
| 1903 HENDRICKS AVE JACKSONVILLE, FL 32207 US | | | | | |
| | , | | Name Barillar or Addisor | | |
| Current W | lailing Addres | 5: | New Mailing Address | : | |
| CHARLES H TURNER AND WORTH B 1903 HENDRICKS AVE JACKSONVILLE, FL 32207 US | | | | | |
| | | 07 US | | | |
| FEI Number: | : 59-1162250 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | : Name and Address of | Name and Address of New Registered Agent: | |
| 1903 HEN | CHARLES H DRICKS AVE VILLE, FL 3220 | 07 US | | | |
| The above in the State | named entity s of Florida. | ubmits this statement for th | ne purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | Agent | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VP () TURNER, WOR' 512 NORTH PO ST.AUGUSTINE | NT RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TURNER, CHAR 2779 PONTE VE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | VP () HYERS, DEBOR 4389 HEAVEN T | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: DEBORAH HYERS VP 04/28/2005