

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252155

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: TURNER PLUMBING COMPANY

## Current Principal Place of Business:

CHARLES H TURNER AND WORTH B  
1903 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

WORTH B TURNER  
1903 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

CHARLES H TURNER AND WORTH B  
1903 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

WORTH B TURNER  
1903 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

FEI Number: 59-1162250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, CHARLES H  
1903 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

TURNER, WORTH, B  
1903 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

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: WORTH B TURNER

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: TURNER, WORTH B  
Address: 512 NORTH POINT RD  
City-St-Zip: ST.AUGUSTINE, FL 32084

Title: P (X) Delete  
Name: TURNER, CHARLES H  
Address: 2779 PONTE VEDRA BLVD  
City-St-Zip: SOUTH PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: HYERS, DEBORAH T  
Address: 4389 HEAVEN TREES RD  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TURNER, WORTH B  
Address: 512 NORTH POINT RD  
City-St-Zip: ST.AUGUSTINE, FL 32084

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH T HYERS

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date