

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 254511**

1. Entity Name  
**TURNER PRINTING COMPANY, INC.**



Principal Place of Business  
**829 BELLEAIR ROAD  
CLEARWATER, FL 33756 US**

Mailing Address  
**829 BELLEAIR ROAD  
CLEARWATER, FL 33756 US**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0947006</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TURNER, JOSEPH K. JR.  
1661 S YOUNG AVE  
CLEARWATER, FL**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	TURNER, JOAN W
STREET ADDRESS	1661 S YOUNG AVENUE
CITY-ST-ZIP	CLEARWATER, FL 00000, 33756

TITLE	VD
NAME	TURNER, MARK J
STREET ADDRESS	829 BELLEAIR ROAD
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	VD
NAME	TURNER, MICHAEL W
STREET ADDRESS	9525 131ST STREET N
CITY-ST-ZIP	SEMINOLE, FL 00000, 33776

TITLE	PD
NAME	TURNER, CHARLES E
STREET ADDRESS	2063 ATTACHE COURT
CITY-ST-ZIP	CLEARWATER, FL 33764

TITLE	T
NAME	TURNER, JOAN W
STREET ADDRESS	1661 S YOUNG AVENUE
CITY-ST-ZIP	CLEARWATER, FL 00000, 33756

TITLE	CD
NAME	TURNER, JOSEPH K JR
STREET ADDRESS	1661 SOUTH YOUNG AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33756

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01/23/08-80090-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #