2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 851959

Entity Name: GUY M. TURNER, INCORPORATED

Current Principal Place of Business:

BOX 7776
GREENSBORO, NC 27417

New Principal Place of Business:

4514 SOUTH HOLDEN RD
GREENSBORO, NC 27406

Current Mailing Address:

BOX 7776
GREENSBORO, NC 27417

New Mailing Address:

FEI Number: 56-0727163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PT	( ) Delete
Name:	CLARK, JIMMY D.,	
Address:	ONE ELM RIDGE LANE	
City-St-Zip:	GREENSBORO, NC	
Title:	V	( ) Delete
Name:	GROSE, ROBERT T,	
Address:	4130 NC 65	
City-St-Zip:	REIDSVILLE, NC 27320	
Title:	V	( ) Delete
Name:	HOGGARD, MICHAEL W,	
Address:	3307 WALDRON DR.	
City-St-Zip:	GREENSBORO, NC 27408	
Title:	VAS	( ) Delete
Name:	MORRISON, DONALD W,	
Address:	327 THROCKMORTON DR.	
City-St-Zip:	MADISON, NC	
Title:	S	( ) Delete
Name:	LANDRETH, JEANETTE A,	
Address:	5715 CALAIS DR.	
City-St-Zip:	PLEASANT GARDEN, NC 27313	
Title:	VP	( ) Delete
Name:	WHITE, JOSEPH J	
Address:	2171 WILLOW MEADOWS DR	
City-St-Zip:	PLEASANT GARDEN, NC 27313	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KAREN FAIRCLOTH CADM 01/14/2009

Electronic Signature of Signing Officer or Director Date