

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002267

FILED
Jan 10, 2005
Secretary of State

Entity Name: TURNER ASSOCIATES/ARCHITECTS AND PLANNERS, INC.

Current Principal Place of Business:

215 PEACHTREE STREET, SUITE 200
ATLANTA, GA 30303

New Principal Place of Business:

Current Mailing Address:

215 PEACHTREE STREET, SUITE 200
ATLANTA, GA 30303

New Mailing Address:

FEI Number: 58-1383275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: PTDC () Delete
Name: HARRIS, OSCAR L JR
Address: 2935 BENJAMIN E. MAYS DR.
City-St-Zip: ATLANTA, GA 30311

Title: VS () Delete
Name: GRAVES, JAMES W
Address: 215 PEACHTREE STREET SUITE 200
City-St-Zip: ATLANTA, GA 30303

Title: TOC () Delete
Name: HARRIS, OSCAR L
Address: 2935 BENJAMIN E MAYS DR
City-St-Zip: ATLANTA, GA 30311

Title: P () Delete
Name: MARTIN, MICHAEL
Address: 215 PEACHTREE STREET, SUITE 200
City-St-Zip: ATLANTA, GA 30303

Title: V () Delete
Name: SCHAEFER, JOSEPH P
Address: 215 PEACHTREE STREET, SUITE 200
City-St-Zip: ATLANTA, GA 30303

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP (X) Change () Addition
Name: SCHAEFER, JOSEPH P
Address: 215 PEACHTREE STREET, SUITE 200
City-St-Zip: ATLANTA, GA 30303

Title: VP () Change (X) Addition
Name: GODFREY, MICHAEL
Address: 215 PEACHTREE STREET SUITE 200
City-St-Zip: ATLANTA, GA 30303

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.

SIGNATURE: JOSEPH P. SCHAEFER

VP

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date