



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90003 040 \*\*\*558.75

<b>DOCUMENT # F96000002267</b>					
<b>1. Entity Name</b> TURNER ASSOCIATES/ARCHITECTS AND PLANNERS, INC.					
<b>Principal Place of Business</b> 215 PEACHTREE STREET, SUITE 200 ATLANTA, GA 30303			<b>Mailing Address</b> 215 PEACHTREE STREET, SUITE 200 ATLANTA, GA 30303		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 58-1383275	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;"><b>DATE</b> _____</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PTDC <b>NAME</b> HARRIS, OSCAR L JR <b>STREET ADDRESS</b> 2935 BENJAMIN E. MAYS DR. <b>CITY-ST-ZIP</b> ATLANTA, GA 30311	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VS <b>NAME</b> GRAVES, JAMES W <b>STREET ADDRESS</b> 215 PEACHTREE STREET SUITE 200 <b>CITY-ST-ZIP</b> ATLANTA, GA 30303	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TOC <b>NAME</b> HARRIS, OSCAR L <b>STREET ADDRESS</b> 2935 BENJAMIN E MAYS DR <b>CITY-ST-ZIP</b> ATLANTA, GA 30311	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> MARTIN, MICHAEL <b>STREET ADDRESS</b> 215 PEACHTREET STREET, SUITE 200 <b>CITY-ST-ZIP</b> ATLANTA, GA 30303	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> GODFREY, MICHAEL <b>STREET ADDRESS</b> 215 PEACHTREE STREET SUITE 200 <b>CITY-ST-ZIP</b> ATLANTA, GA 30303	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 persons empowered.</b>					
<b>SIGNATURE:</b> <u>Michael A. Martin, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			June 4, 2007 <span style="float: right;">(404) 681-3214</span> Date <span style="float: right;">Daytime Phone #</span>		