

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000002267	
1. Entity Name TURNER ASSOCIATES/ARCHITECTS AND PLANNERS, INC.	

Principal Place of Business 215 PEACHTREE STREET, SUITE 200 ATLANTA, GA 30303	Mailing Address 215 PEACHTREE STREET, SUITE 200 ATLANTA, GA 30303
---	---

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1383275	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

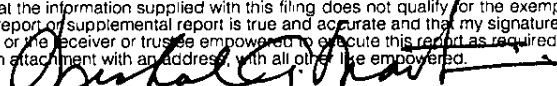
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTDC HARRIS, OSCAR L JR 2935 BENJAMIN E. MAYS DR. ATLANTA, GA 30311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TOC HARRIS, OSCAR L 2935 BENJAMIN E MAYS DR ATLANTA, GA 30311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, MICHAEL 215 PEACHTREE STREET, SUITE 200 ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GODFREY, MICHAEL 215 PEACHTREE STREET SUITE 200 ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U000000823234
02/20/08-80029-018 158.75

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: Michael A. Martin, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/2008 (404) 681-3214

Date Daytime Phone #