2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F96000002267

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

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

02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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02/20/08-80029-018 158.75

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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 2/06/2008 (404) 681-3214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #