

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # G03063

**1. Entity Name
TURNER BROTHERS, INC.**



**Principal Place of Business
4572 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US**

**Mailing Address
4572 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2313425** **Applied For
Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, WILLIAM J III
923 GROVESMERE LOOP
OCOE, FL 34761**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TURNER, WILLIAM J III
STREET ADDRESS	823 GROVESMERE LOOP
CITY-ST-ZIP	OCOE, FL 34761
TITLE	DS
NAME	TURNER, LARRY A
STREET ADDRESS	8514 CEDAR COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	T
NAME	TURNER, KENNETH G
STREET ADDRESS	733 DUNHILL DR
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80065-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *William J. Turner III* **WILLIAM J. TURNER III** **1/6/06** **407-857-5882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #