

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90434 014 ***150.00

DOCUMENT # G49552	
1. Entity Name BACKUS TURNER AND PARTNERS, INC.	

Principal Place of Business 4100 N.E. 2ND AVE. SUITE 206 MIAMI, FL 33137 US	Mailing Address 4100 N.E. 2ND AVE. SUITE 206 MIAMI, FL 33137 US
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94064596



2. Principal Place of Business 316 N.W. Fourth St Suite, Apt. #, etc.	3. Mailing Address 316 N.W. Fourth St Suite, Apt. #, etc.
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04202004 Chg-P CR2E034 (10/03)

City & State FT LAUDERDALE, FL	City & State FT LAUDERDALE, FL
Zip 33301	Zip 33301
Country USA	Country USA

4. FEI Number 59-2331593	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNER, LAWRENCE O., JR 4100 N.E. 2ND AVE. SUITE 206 MIAMI, FL 33137	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 316 N.W. Fourth St City FT LAUDERDALE FL Zip Code 33301	
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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: Laurence O. Turner, Jr. (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, ROBERTA BACKUS 4400 N.E. 2ND AVE. SUITE 206 MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	316 N.W. Fourth St FT LAUDERDALE, FL 33301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURNER, LAWRENCE O., JR. 4100 N.E. 2ND AVE. SUITE 206 MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	316 N.W. Fourth St FT LAUDERDALE, FL 33301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Laurence O. Turner, Jr. DATE: 4/22/04 954.727-9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #