

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H10087

FILED
Jun 24, 2009
Secretary of State

Entity Name: TURNER TRANSMISION SERVICE, INC.

Current Principal Place of Business:

531 NW 10TH ST.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

531 NW 10TH ST.
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-2577029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLSPERMANN, CARL W
1111 NW 25TH AVE 5202
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, EDITH A
Address: 3605 NW 17TH AVE
City-St-Zip: OCALA, FL 34475

Title: V () Delete
Name: TURNER, HENRY M JR
Address: 531 NW 10TH ST.
City-St-Zip: OCALA, FL 34475 US

Title: T () Delete
Name: TURNER, EDITH
Address: 3605 NW 17TH AVE
City-St-Zip: OCALA, FL 34475 US

Title: S () Delete
Name: KINSEY-LUSHER, LOUISE J
Address: 4751 NE 23 AVE
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KINSEY-LUSHER, LOUISE J
Address: 4751 NE 23 AVE.
City-St-Zip: OCALA, FL 34479 US

Title: T (X) Change () Addition
Name: TURNER, EDITH A
Address: 3605 NW 17TH AVE
City-St-Zip: OCALA, FL 34475 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH A TURNER

P

06/24/2009

Electronic Signature of Signing Officer or Director

Date