

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10087

**FILED**  
**Mar 28, 2012**  
**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:**

KINSEY-LUSHER, LOUISE J  
531 NW 10TH STREET  
OCALA, FL 34475 US

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:** LOUISE J. KINSEY-LUSHER, V-S

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TURNER, EDITH A  
**Address:** 3605 NW 17TH AVE  
**City-St-Zip:** Ocala, FL 34475

**Title:** V  
**Name:** KINSEY-LUSHER, LOUISE J  
**Address:** 4751 NE 23 AVE.  
**City-St-Zip:** Ocala, FL 34479 US

**Title:** T  
**Name:** TURNER, EDITH A  
**Address:** 3605 NW 17TH AVE  
**City-St-Zip:** Ocala, FL 34475 US

**Title:** S  
**Name:** KINSEY-LUSHER, LOUISE J  
**Address:** 4751 NE 23 AVE  
**City-St-Zip:** Ocala, FL 34479

I hereby 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 all other like empowered.

**SIGNATURE:** LOUISE J. KINSEY-LUSHER

V, S

03/28/2012

Electronic Signature of Signing Officer or Director

Date