## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H14728

Entity Name: DAVE TURNER, INC.

FILED Apr 16, 2008 Secretary of State

Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	STATE RD 20 INA BEACH, F				
Current M	ailing Addres	s:	New Mailing Addre	ss:	
	_		_	_	
85214 BLA YULEE, FL	.CKMON RD . 32097 US		P.O. BOX 85214 YULEE, FL 32041	US	
FEI Number:	59-2430327	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	DAVID W. SR. CKMON RD . 32097 US				
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
		ic Signature of Registered Agen	t	 Date	
Election Can		Trust Fund Contribution ( ).			
OFFICERS	S AND DIRECT	ΓORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () TURNER, DAVID 85214 BLACKM YULEE, FL 320	10N RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () TURNER, JUDIT 85214 BLACKM YULEE, FL 320	ON RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () TURNER, DANIE 85217 BLACKM YULEE, FL 320	ON RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () TURNER, DALE 75255 CLYDE F YULEE, FL 320	W IIGGINBOTHAM	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () TURNER, DUST 85214 BLACKM YULEE, FL 320	AN RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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:	DAVID W. TURNER,SR.	P	04/16/2008