2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14728

Entity Name: DAVE TURNER, INC.

FILED Jan 14, 2009 Secretary of State

Current Pi	rincipal Place	of Busine	ss:	New Principal P	lace of Business:		
	STATE RD 200 INA BEACH, FI		US				
Current M	ailing Address	s:		New Mailing Ad	New Mailing Address:		
P.O. BOX 8 YULEE, FL				P.O. BOX 2229 YULEE, FL 3204	1 US		
FEI Number:	59-2430327	FEI Numbe	er Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of Cu	urrent Reg	jistered Agent:	Name and Addr	ess of New Registered Agent:		
	DAVID W. SR. CKMON RD . 32097 US						
The above in the State		ubmits this	statement for the p	urpose of changing its regi	stered office or registered agent, or both,		
SIGNATUF	RE:						
	Electroni	c Signature	e of Registered Age	nt	Date		
Election Can	npaign Financing	Trust Fund	Contribution ().				
OFFICERS	S AND DIRECT	ORS:		ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I TURNER, DAVID 85214 BLACKM YULEE, FL 3209	ON RD		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () I TURNER, JUDITI 85214 BLACKMO YULEE, FL 3209	ON RD		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () I TURNER, DANIE 85217 BLACKMO YULEE, FL 3209	ON RD		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () I TURNER, DALE 75255 CLYDE H YULEE, FL 3209	IGGINBOTHA	AM	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () I TURNER, DUSTI 85214 BLACKMA YULEE, FL 3209	N 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	01/14/2009
--	------------	--------------------	---	------------