

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38726

FILED
Feb 28, 2009
Secretary of State

Entity Name: GUY W. TURNER, P.A.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD.
SUITE 1180
CORAL GABLES, FL 33134

New Principal Place of Business:

2916 S DOUGLAS ROAD
SUITE 2
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD.
SUITE 1180
CORAL GABLES, FL 33134

New Mailing Address:

2916 DOUGLAS ROAD
SUITE 2
CORAL GABLES, FL 33134

FEI Number: 59-2467659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, GUY W.
2100 PONCE DE LEON BLVD.
SUITE 1180
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GUY W TURNER
2916 S DOUGLAS ROAD
SUITE 2
CORAL GABLES, FL 33134 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: GUY W TURNER

02/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: TURNER, GUY W.,
Address: 2100 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: TURNER, GUY W.,
Address: 2100 PONCE DE LEON BLVD. SUITE 1180
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: TURNER, GUY W.,
Address: 2916 S DOUGLAS ROAD SUITE 2
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: TURNER, GUY W.,
Address: 2916 S DOUGLAS ROAD SUITE 2
City-St-Zip: CORAL GABLES, FL 33134

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: GUY W TURNER

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date