## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 14, 2006 8:00 am Secretary of State DOCUMENT # J15701 1. Entity Name 03-14-2006 90030 019 \*\*\*150.00 H. S. TURNER, INC. Principal Place of Business Mailing Address 1625 ATLANTIC BLVD 1625 ATLANTIC BLVD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business 400 PRUDENTIAL 400 PRUDENTIAL DA Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) SUITE #7 SUITE Applied For City & State City & State 4. FEI Number 59-2706153 JACKSONVISTE, FLOWER TACKSON VILLE, FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 32207 BUVAL OUVAL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY S. TURNER TURNER, HENRY S., JR. Street Address (P.O. Box Number is Not Acceptable) 1625 ATLANTIC BLVD 400 PRUPENTIAL JACKSONVILLE FL 32207 Zio Code **322のつ** 8. 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. I am familiar with, and accept the obligations of registered agent. name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete TITLE ☐ Change Addition TITLE HENRY S. TOWER NAME TURNER, HENRY S., JR. . NAME 1400 PRUPENTIAL DR., SUITE T STREET ADDRESS 1625 ATLANTIC BLVD STREET ADDRESS JACKSONVILLE, FLORIDA 32207 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Defete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

904-396-1600

Daytime Phone #