


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J44446</b> 1. Entity Name <b>PAUL TURNER CO., INC.</b>					
Principal Place of Business <b>1720 TURNER WOOD LANE PANAMA CITY BEACH FL 32407 US</b>			Mailing Address <b>%PAUL TURNER P.O. BOX 9431 PANAMA CITY BEACH FL 32417 US</b>		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2743345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>TURNER, PAUL 407 OLEANDER CIRCLE PANAMA CITY BEACH FL 32413</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input type="checkbox"/> Delete			
NAME	TURNER, PAUL				
STREET ADDRESS	407 OLEANDER CIRCLE				
CITY- ST- ZIP	PANAMA CITY BEACH FL				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	TURNER, BARBARA				
STREET ADDRESS	407 OLEANDER CIRCLE				
CITY- ST- ZIP	PANAMA CITY BEACH FL				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	LANG, DOUGLAS				
STREET ADDRESS	121 WISTERIA STREET				
CITY- ST- ZIP	PANAMA CITY BEACH FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
		<input type="checkbox"/> Change <input type="checkbox"/> Add			
			<b>U00000221061</b> <b>02/09/05-80016-012 150.00</b>		
		<input type="checkbox"/> Change <input type="checkbox"/> Add			
		<input type="checkbox"/> Change <input type="checkbox"/> Add			
		<input type="checkbox"/> Change <input type="checkbox"/> Add			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Barbara Turner</u> 2-7-05 850-234-8306</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					