2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 2007 8:00 am Secretary of State DOCUMENT # P00000080098 02-20-2007 90058 003 ***150.00 TURNER FISH CAMP, INC. Principal Place of Business Mailing Address 3033 NORTH HOOTY POINT 3033 NORTH HOOTY POINT INVERNESS, FL 34453 INVERNESS, FL 34453 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3666733 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent T. KOVACH, Jr. SPIEGEL & UTRERA, P.A. Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 -nverness 8. The above named entity sub ent 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 SIGNATURE Signature, typed or agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ٧S TITLE TITLE ☐ Change Addition ☐ Delete John T. Holf, III. 3033 N. Hooty Pt. NAME HOLT, LILLIAN M NAME 3033 NORTH HOOTY POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34453 CITY-ST-ZIP Inverness, Fi TITLE Delete TITLE ☐ Change ☐ Addition RICHARDSON, RICKEY W NAME STREET ADDRESS 3033 N. HOOTY POINT STREET ADDRESS INVERNESS, FL 34453 CITY-ST-7IP CITY-ST-7IP ☐ Change ■ Addition TITLE Delete TITLE HARRISON, NORMA NAME HAME STREET ADDRESS 3033 N. HOOTY POINT STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34453 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED

Daytime Phone #