

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90030 033 ***158.75

DOCUMENT # P01000024738

1. Entity Name
TURNER WALL SYSTEMS, INC.



Principal Place of Business
**1243 TALLEVAST ROAD
SARASOTA, FL 34243**

Mailing Address
**1243 TALLEVAST ROAD
SARASOTA, FL 34243**

400330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-1087983

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESSICK, ROBERT E
290 COCOANUT AVE
SARASOTA, FL 34236**

Name **Charles T. Sprague**

Street Address (P.O. Box Number is Not Acceptable)

1243 Tallevast Rd.

City **Sarasota**

FL

Zip Code
34243

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 **Charles T. Sprague, President**

3/17/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TURNER, SHELLY K
1243 TALLEVAST ROAD
SARASOTA, FL 34243** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Charles T. Sprague
1243 Tallevast Rd.
Sarasota FL 34243** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**O
MUSTARI, RONALD
290 COCOANUT AVE
SARASOTA, FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE: **Charles T. Sprague**

3/17/06 941 3587900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #