


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000040452</b>	
1. Entity Name TUNE TURNER 1 INC.	

Principal Place of Business 410 JOHN SIMS PARKWAY E NICEVILLE, FL 32578	Mailing Address 121 WAYNEL CIRCLE SE FT WALTON BEACH, FL 32548-7254
---	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

TURNER, ALVIN R  
121 WAYNEL CIRCLE SE  
FT WALTON BEACH, FL 32548-7254

**DO NOT WRITE IN THIS SPACE**

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 *Alvin R Turner* DATE 4/16/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000927440 05/20/08-80106-011 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, WILLIAM J 214 WEKIVA COVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, ALVIN R 121 WAYNEL CIRCLE SE FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Alvin R Turner* DATE 4/16/2008 DAYTIME PHONE # 850 244-2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ALVIN R TURNER*