


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90001 047 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P01000051816</b>                        |  |
| 1. Entity Name<br><b>TURNER MARINE CONCEPTS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3701 S. 50TH AVE SOUTH<br/>SAINT PETERSBURG, FL 33711</b> | Mailing Address<br><b>3701 S. 50TH AVE SOUTH<br/>SAINT PETERSBURG, FL 33711</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07042006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3719459</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent  |  |
| TURNER, CHRIS E<br>5701 LELAND ST SOUTH<br>SAINT PETERSBURG, FL 33715 |  | Name <b>Frank D. Vander Horst</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4380 43rd Street South</b><br>City <b>St Petersburg</b> FL Zip Code <b>33711</b> |  |

|   |                    |
|---|--------------------|
| 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 <b>Frank D. Vander Horst</b>  | DATE <b>7/4/06</b> |

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|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TURNER, CHRIS E<br>5701 LELAND ST SOUTH<br>SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>TURNER, JACLYN S<br>5701 LELAND ST SOUTH<br>SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>VANDER HORST, FRANK D<br>601 1ST AVE. SOUTH<br>TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|  |  |
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| 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. |  |
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|---|---------------------|--------------------------------------|
| SIGNATURE: <b>Frank D. Vander Horst</b> | DATE: <b>7/4/06</b> | DAYTIME PHONE #: <b>727-867-7718</b> |
|---|---------------------|--------------------------------------|