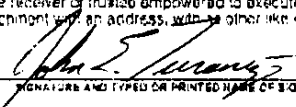


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90056 039 ***150.00

DOCUMENT # P02000038160					
1. Entity Name JOHN E. TURANICZO, INC.					
Principal Place of Business 3030 4TH ST NORTH SAINT PETERSBURG, FL 33704			Mailing Address 1757 MEADOW LANE DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box *			3. Mailing Address		
State: Apt. #, etc.			State: Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 01-0656866	
				Applied Fee Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				07102007 Chg-P CR2F034 (12/06)	
6. Name and Address of Current Registered Agent TURANICZO, JOHN E 1757 MEADOW LANE DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (Signature, printed or printed name of registered agent, if not applicable) (Printed, Registered Agent, if not registered with Secretary) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PV-1 TURANICZO, JOHN E 1757 MEADOW LN DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 or without other like empowered.					
SIGNATURE: 			7-10-07 (727) 736-5196		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

ATTACHMENT
40124562

#P02000038160

I, NEVER RECEIVED MY NOTICE.

John E. Tuma