


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P03000010539	
1. Entity Name TURNER REALTY MANAGEMENT, INC.	

Principal Place of Business 252 NW CALI DR. LAKE CITY, FL 32055	Mailing Address 252 NW CALI DR. LAKE CITY, FL 32055
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3599430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FRAZIER, W. ROBINSON 1515 RIVERSIDE AVENUE, SUITE A JACKSONVILLE, FL 32204	

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ELOISE C 252 NW CALI DRIVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, LINDA G 1006 MT. CARMEL ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDRESS, DEBRA D 4734 SW 73RD TRAIL LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/18/07-80038-008 150.00

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: <u>Debra D. Childress</u>	Date <u>4-9-07</u>	Daytime Phone # <u>386-755-6810</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

DEBRA D. CHILDRESS