

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000076909

1. Entity Name

TURNER NATIONAL TRANSPORT, INC.



Principal Place of Business

7623 BAYMEADOWS CIR. #2063
JACKSONVILLE, FL 32256

Mailing Address

7623 BAYMEADOWS CIR. #2063
JACKSONVILLE, FL 32256



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

32-0087147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOFIELD, P. ALLEN
1429 60 AVE W STE 300
BRADENTON, FL 34207

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000298042
04/11/05-80051-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GASPARD, PAMELA
STREET ADDRESS 7623 BAYMEADOWS CIR. #2063
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela A. Gaspar Pamela A. Gaspar

4/15/05

Date

Daytime Phone #

904-737-2439