


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000113680
 1. Entity Name
 TURNER OPERATING COMPANY, INC.



Principal Place of Business Mailing Address
 121 WAYNEL CIRCLE 121 WAYNEL CIRCLE
 FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548



04122008 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
 06-171125 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TURNER, ALVIN R
 121 WAYNEL CIRCLE
 FORT WALTON BEACH, FL 32548

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. (am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000513278
 04/29/06-80121-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	TURNER, ALVIN R
STREET ADDRESS	121 WAYNEL CIRCLE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	TURNER, PATSY A
STREET ADDRESS	121 WAYNEL CIRCLE
CITY-ST-ZIP	FORT 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	

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 (X) empowered.

SIGNATURE: Alvin R Turner Date 4/11/2006 Daytime Phone # 850-244-2064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvin R Turner