


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000113680 1. Entity Name TURNER OPERATING COMPANY, INC.	
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Principal Place of Business 121 WAYNEL CIRCLE SE FORT WALTON BEACH, FL 32548	Mailing Address 121 WAYNEL CIRCLE SE FORT WALTON BEACH, FL 32548
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**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1711125	Applied For 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

TURNER, ALVIN R  
121 WAYNEL CIRCLE SE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Alvin R Turner DATE: 4/16/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000927438  
05/20/08-80106-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TURNER, ALVIN R 121 WAYNEL CIRCLE SE FORT WALTON BEACH, FL 32548
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**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 receiving 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: Alvin R Turner DATE: 4/16/2008 DAYTIME PHONE #: 850-244-2064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIN R. TURNER