2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000113680

1. Entity Name
TURNER OPERATING COMPANY, INC.

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

DO NOT WRITE IN THIS SPACE

04162008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
06-1711125	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** 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 _____   4/16/2008
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, 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	PSTD
NAME	TURNER, ALVIN R
STREET ADDRESS	121 WAYNEL CIRCLE SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	TURNER, PATSY A
STREET ADDRESS	121 WAYNEL CIRCLE SE
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	
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 like empowered.

SIGNATURE: _____   4/16/2008   850-244-2064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ALVIN R. TURNER