


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000055969		
1. Entity Name STEVEN M. TURNER, INC.		

FILED
07 JAN -8 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3535 SOUTH WIND DRIVE GULF BREEZE, FL 32561	Mailing Address 3535 SOUTH WIND DRIVE GULF BREEZE, FL 32561
---	---

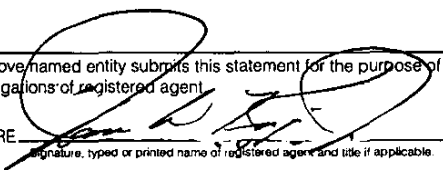
2. Principal Place of Business 7242 Manatee Street Suite, Apt. #, etc.	3. Mailing Address 7242 Manatee Street Suite, Apt. #, etc.
--	--

City & State Navarre, FL	City & State Navarre, FL	4. FEI Number 61-1413256	Applied For <input type="checkbox"/> Not Applicable
Zip 32566	Country USA	Zip 32566	Country USA



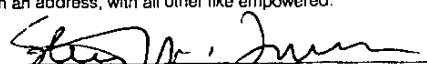
6. Name and Address of Current Registered Agent KING, JAMES W JR. 945 WEST MICHIGAN AVENUE STE. 5B PENSACOLA, FL 32505	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--

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 	James W. King, Jr. 12/29/06 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, STEVEN M 3535 SOUTH WIND DRIVE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7242 Manatee Street Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100084734891 01/17/07--01028--008 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Steven M. Turner 12/29/06 850-485-5073 Date Daytime Phone #