


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P05000031603 1. Entity Name TUR FRAMING, INC. |  |
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|---|---|
| Principal Place of Business 1794 GREENHILL AVENUE NORTH PORT, FL 34286 US | Mailing Address 1794 GREENHILL AVENUE NORTH PORT, FL 34286 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-2485226 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TUR, VIKTOR 1794 GREENHILL AVENUE NORTH PORT, FL 34286 |
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**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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|---|---------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TUR, VIKTOR 1794 GREENHILL AVENUE NORTH PORT, FL 34286 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP POLKHOVSKIY, NIKOLAY 2928 WELLS AVENUE NORTH PORT, FL 34286 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHMACHIN, VASILY 5058 NORTH CRANBERRY BOULEVARD NORTH PORT, FL 34286 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/17/07-80028-009 158.75

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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:  **President** 01-18-07 (941) 815-3534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Gaytime Phone #