


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P05000031603</b> 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
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2485226	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUR, VIKTOR  
1794 GREENHILL AVENUE  
NORTH PORT, FL 34286

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	
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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 Daytime Phone #