2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000121169

Entity Name: C.C. TURNER, INC.

Current Principal Place of Business:

8801 COLLEGE PARKWAY, SUITE 1
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

8801 COLLEGE PARKWAY, SUITE 1
FORT MYERS, FL 33919 US

New Mailing Address:

12800 UNIVERSITY DRIVE
SUITE 500
FORT MYERS, FL 33907 US

FEI Number: 20-3401103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRERA, SAMIR
8951 RIVER PALM COURT
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	COOO	( ) Delete
Name:	SCHMOYER, IAN C	
Address:	8801 COLLEGE PARKWAY, SUITE 1	
City-St-Zip:	FORT MYERS, FL 33919 US	
Title:	VPT	( ) Delete
Name:	TURNER, TODD	
Address:	8951 RIVER PALM COURT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	S	( ) Delete
Name:	TURNER, DAVID G	
Address:	8801 COLLEGE PKWY., STE. 1	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	DP	( ) Delete
Name:	SCHOMYER, IAN C	
Address:	8801 COLLEGE PARKWAY, SUITE 1	
City-St-Zip:	FORT MYERS, FL 33919 US	
Title:	VP	( ) Delete
Name:	MCMURRER, JOSEPH E	
Address:	8801 COLLEGE PARKWAY, SUITE 1	
City-St-Zip:	FORT MYERS, FL 33919 US	
Title:	COO	( ) Delete
Name:	SCHOMYER, IAN C	
Address:	8801 COLLEGE PARKWAY, SUITE 1	
City-St-Zip:	FORT MYERS, FL 33919 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD A. TURNER VPT 05/01/2006
Electronic Signature of Signing Officer or Director Date