2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121169

Entity Name: C.C. TURNER, INC.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3615 CENTRAL AVENUE FORT MYERS, FL 33901 US **Current Mailing Address: New Mailing Address:** 3615 CENTRAL AVENUE SUITE 3 FORT MYERS, FL 33901 US FEI Number: 20-3401103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET **SUITE 2100** TAMPA, FL 33602 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: 0000 () Delete () Change () Addition SCHMOYER, IAN C Name: Name: 8801 COLLEGE PARKWAY, SUITE 1 Address: Address: City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: VPT Title: Title: () Delete () Change () Addition Name: TURNER, TODD Name: 8951 RIVER PALM COURT Address: Address: FORT MYERS, FL 33919 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TURNER, DAVID G Name: Name: 8801 COLLEGE PKWY., STE. 1 Address: Address: FT. MYERS, FL 33919 City-St-Zip: City-St-Zip: Title: DP () Delete Title: () Change () Addition SCHOMYER, IAN C Name: Name: Address: 8801 COLLEGE PARKWAY, SUITE 1 Address: City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: Title: Title: () Delete () Change () Addition MCMURRER, JOSEPH E Name: Name: 8801 COLLEGE PARKWAY, SUITE 1 Address: Address: City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: Title: COO () Delete Title: () Change () Addition SCHOMYER, IAN C Name: Name: 8801 COLLEGE PARKWAY, SUITE 1 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 US

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: CINDY PRICE MGR 04/18/2007