


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90201 039 ***150.00

DOCUMENT # P05000127647					
1. Entity Name TURNER REALTY ENTERPRISE, INC					
Principal Place of Business 161 SE FALLON DR PORT ST LUCIE, FL 34983			Mailing Address 161 SE FALLON DR PORT ST LUCIE, FL 34983		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3481946	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TURNER, KATHLEEN A 161 SE FALLON DR PORT ST LUCIE, FL 34983			Name Street Address (P.O. Box Number's 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: <u>Kathleen A. Turner</u> DATE: <u>4-20-06</u> <small>Signature of officer or agent or both of registered agent and filer. (Also case of (PROF) Registered Agent signature required when establishing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P,S TURNER, KATHLEEN A 161 FALLON DRIVE PORT ST LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 a power of attorney.					
SIGNATURE: <u>Kathleen A. Turner</u>			DATE: <u>4-20-06</u> <u>772-460-0441</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE AND PHONE NUMBER</small>		