2008 FOR PROFIT CORPORATION

Jan 23, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P05000167761 1. Entity Name CRAIG W. TURNER P.A. Mailing Address Principal Place of Business 1531 SE 36TH AVE 1531 SE 36TH AVE OCALA, FL 34471 OCALA, FL 34471 CR2E034 (11/05) 01032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 35-2265360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURNER, CRAIG W DO NOT WRITE 1531 SE 36TH AVE. OCALA, FL 34471 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE P S 01/24/08-80016-025 150.00 TURNER, CRAIG W NAME 1531 SE 36TH AVE. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP MANT STREET ADDRESS DO NOT WRITE CITY - 27 - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TillE NAME STREET ADORESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Davlime Phone #

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