


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90099 018 \*\*\*150.00

<b>DOCUMENT # P06000005905</b>					
<b>1. Entity Name</b> TURNERCO, INC.					
<b>Principal Place of Business</b> 1943 SE FALLON DRIVE PORT ST. LUCIE, FL 34983 US			<b>Mailing Address</b> 1943 SE FALLON DRIVE PORT ST. LUCIE, FL 34983 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1301 SE Floresta Drive		<b>3. Mailing Address</b> P.O. Box			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Port St. Lucie		<b>City &amp; State</b> Port St. Lucie		<b>4. FEI Number</b> 20-4175029	
<b>Zip</b> 34983		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BOUVIER, PAUL A 3210 N. WICKHAM ROAD SUITE 5 MELBOURNE, FL 32935			<b>7. Name and Address of New Registered Agent</b> Name <b>Joseph C. Turner</b> Street Address (P.O. Box Number is Not Acceptable)  1301 SE Floresta Drive City <b>Port St. Lucie</b> <b>FL</b> <b>Zip Code</b> 34983		
<b>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.</b> SIGNATURE: <u>Joseph C. Turner</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1-20-07</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST TURNER, JOSEPH C <input type="checkbox"/> Delete 597 SE OAKRIDGE DRIVE PORT ST. LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1301 SE Floresta Drive Port St. Lucie, Fl 32983	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joseph C. Turner</u>			Date: <u>1-20-07</u> Daytime Phone #: <u>772-344-2225</u>		