

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90002 025 \*\*\*150.00

<b>DOCUMENT # P07000050594</b> 1. Entity Name <b>TURNER HOLO CONSULTING INC.</b>					
Principal Place of Business <b>8708 JASMEEN GARDEN CT TAMPA, FL 33615</b>			Mailing Address <b>8708 JASMEEN GARDEN CT TAMPA, FL 33615</b>		
2. Principal Place of Business - No P.O. Box # <b>4103 Gulf Blvd</b> Suite, Apt. #, etc. <b>#206</b>		3. Mailing Address <b>4103 Gulf Blvd.</b> Suite, Apt. #, etc. <b>#206</b>			
City & State <b>St. Petersburg, FL</b> Zip <b>33706</b>		City & State <b>St. Petersburg, FL</b> Zip <b>33706</b>		Country <b>US</b>	
4. FEI Number <b>208935805</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TURNER, CHRISTINA 8708 JASMEEN GARDEN CT TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TURNER, CHRISTINA 8708 JASMEEN GARDEN CT TAMPA, FL 33615</b>		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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>SIGNATURE:</b>			<b>9-6-08 813-928-9634</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		