

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020064

Entity Name: TURNER SPECIALTIES, INC.

FILED
May 22, 2009
Secretary of State

Current Principal Place of Business:

285 UPTOWN BLVD #514
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

6 RANCH TRAIL ROAD
HAINES CITY, FL 33844

Current Mailing Address:

285 UPTOWN BLVD #514
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

6 RANCH TRAIL ROAD
HAINES CITY, FL 33844

FEI Number: 26-2041902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, STACEY L
285 UPTOWN BLVD #514
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

TURNER, STACEY L
6 RANCH TRAIL ROAD
HAINES CITY, FL 33844 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: STACEY L TURNER

05/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: TURNER, STACEY
Address: 212 COLEMAN DRIVE EAST
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D () Delete
Name: TURNER, STACEY
Address: 212 COLEMAN DRIVE EAST
City-St-Zip: WINTER HAVEN, FL 33884 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: TURNER, STACEY
Address: 6 RANCH TRAIL ROAD
City-St-Zip: HAINES CITY, FL 33844 US

Title: D (X) Change () Addition
Name: TURNER, STACEY
Address: 6 RANCH TRAIL ROAD
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify 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: STACEY L TURNER

PVST

05/22/2009

Electronic Signature of Signing Officer or Director

Date