

**2006 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P92000014027

1. Entity Name  
TURNER ENVIROLOGIC, INC.



Principal Place of Business  
1140 SW 34 AVE  
DEERFIELD BEACH, FL 33442 US

Mailing Address  
1140 SW 34 AVE  
DEERFIELD BEACH, FL 33442 US

**FILED  
Jul 11, 2006 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-1959270	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
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)

7/6/06

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME TURNER, THOMAS K  
STREET ADDRESS 1140 SW 34 AVE  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

U000000569390  
07/11/06-80022-025 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas K. Turner 7/6/06 954-422-5187