

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90003 045 ***550.00

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1. Entity Name

TURNER HERITAGE HOMES, INC.



Principal Place of Business

508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

Mailing Address

508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

54057105



06072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3174318

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIENER, BRUCE I
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312

**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)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME TURNER, FREDRICK E
STREET ADDRESS 508-A CAPITAL CIRCLE SE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE PD
NAME TURNER, DOUGLAS E
STREET ADDRESS 508-A CAPITAL CIRCLE SE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE SV
NAME SMITH, LINDA H.
STREET ADDRESS 508-A CAPITAL CIRCLE SE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE T
NAME O'REILLY, JOHN E.
STREET ADDRESS 508-A CAPITAL CIRCLE SE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Fred Turner

6-9-04

8506564663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #