

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000020212

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**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TURNER, FREDRICK E 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, DOUGLAS E 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SMITH, LINDA H. 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'REILLY, JOHN E. 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

00000493355
04/20/06-80002-005 150.00

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: John O'Reilly **3-29-06** **850-656-4663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #