

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 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**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3174318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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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04/26/07-80078-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07
Date

850-656-4663
Daytime Phone #