

FILED
Jan 07, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000028645

1. Entity Name
TURNER COATINGS, INC.



Principal Place of Business
**625 NN PRAIRIE IND PKWY
MULBERRY, FL 33860 US**

Mailing Address
**625 N PRAIRIE IND PKWY
MULBERRY, FL 33860 US**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3242854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TURNER, JAMES R
625 N PRAIRIE IND PKWY
MULBERRY, FL 33860**

**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 resigning.)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TURNER, JAMES R
STREET ADDRESS	625 PRAIRIE IND PKWY
CITY- ST- ZIP	MULBERRY, FL
TITLE	D
NAME	TURNER, SANDRA G
STREET ADDRESS	825 N PRAIRIE IND PKWY
CITY- ST- ZIP	MULBERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000173204
01/07/05-80009-016 150.00

**DO NOT WRITE
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)(f), 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

James R Turner

1-4-05 863-425-4563