2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State 01-22-2007 90107 037 ***150.00 DOCUMENT # P94000028645 TURNER COATINGS, INC. 40004737 Principal Place of Business Mailing Address 625 NN PRAIRIE IND PKWY 625 N PRAIRIE IND PKWY MULBERRY, FL 33860 US MULBERRY, FL 33860 US Mailing Address West eta Principal Place of Business - No P.O. Box # 865 Industrial Park Rd 01152007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 59-3242854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 625 N PRAIRIE IND PKWY MULBERRY, FL 33860 33860 entity sugmits 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 oligations, andra G. lurner - V.P. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TIFLE TITLE Turner, James R 1865 Industrial Park Road TURNER, JAMES R NAMÉ NAME STREET ADDRESS 625 PRAIRIE IND PKWY STREET ADDRESS Mulberry 71 33860 CITY-ST-ZIP MULBERRY, FL CITY ST-ZIP D Delete ☐ Change ☐ Addition HILL BHE tesident TURNER, SANDRA G ner Sandra NAME 625 N PRAIRIE IND PKWY STREET ADDRESS SUBJECT ADDRESS. CHY ST ZIP MULBERRY, FL CITY ST ZIP ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Change OotlibbA [] HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-ZIP ☐ Change ■ Addition ☐ Delete HILL HILL NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP Change □ Addition Delete THLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST ZIP 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 supplimental 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 of 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 attach negligible true in the corporation of the receiver of trustee empowered.

FILED Jan 22, 2007 8:00 am