

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000042089		
1. Entity Name TURNIER FAMILY INC.		

Principal Place of Business 1378 N KILLIAN DRIVE C/O L & J DENTAL LABORTORY LAKE PARK FL 33403	Mailing Address 1378 N KILLIAN DRIVE C/O L & J DENTAL LABORTORY LAKE PARK FL 33403
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0503022	Applied for Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TURNIER, LLOYD J 1378 N KILLIAN DRIVE C/O L & J DENTAL LABORTORY LAKE PARK FL 33403		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	TURNIER, LLOYD J			NAME			
STREET ADDRESS	1378 N KILLIAN DRIVE			STREET ADDRESS			
CITY- ST- ZIP	LAKE PARK FL 33403			CITY- ST- ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	TURNIER, JAMES L			NAME			
STREET ADDRESS	1378 N KILLIAN DRIVE			STREET ADDRESS			
CITY- ST- ZIP	LAKE PARK FL 33403			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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 Section 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: <u>Lloyd J. Turnier</u>	<u>Lloyd J. Turnier</u>	<u>4/20/06</u>	<u>561-543-0761</u>
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