

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90079 034 ***150.00

DOCUMENT # P95000064516-

1. Entity Name

TURNER CARPENTER CONTRACTORS & BUILDERS, INC.



Principal Place of Business

2027 CASTILLE DRIVE
PALM HARBOR FL 34683

Mailing Address

PO BOX 2397
DUNEDIN FL 34697

2. Principal Place of Business

1 GATESHEAD DR. # B-106

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUNEDIN, FL

City & State

City & State

Zip
34698

Country
USA

Zip

Country

4. FEI Number

65-0598590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, GEORGE T JR
2027 CASTILLE DRIVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

GEORGE T. TURNER JR.

Street Address (P.O. Box Number is Not Acceptable)

1 GATESHEAD DR. # B-106

City

DUNEDIN

FL

Zip Code

34698

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
TURNER, GEORGE T JR
STREET ADDRESS
2027 CASTILLE DRIVE
CITY-ST-ZIP
PALM HARBOR FL 34683

TITLE ☒ Delete

NAME
TURNER, IRENE M
STREET ADDRESS
2027 CASTILLE DRIVE
CITY-ST-ZIP
PALM HARBOR FL 34683

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04 727-492-4660