2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 8:00 am **DOCUMENT # P95000064516 Secretary of State** 1. Entity Name 02-28-2005 90211 030 ***150.00 TURNER CARPENTER CONTRACTORS & BUILDERS, INC. Mailing Address Principal Place of Business PO BOX 2397 DUNEDIN FL 34697 1 GATESBORO DR. #B-106 **DUNEDIN FL 34698** 2. Principal Place of Business 1401 DVWCAW A 3. Mailing Address Suite, Apt. #, etc. ABOVE 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For UNEDIN 65-0598590 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER GEORGE T JA 1 GATESBORO SB #B-106 DUNEDIN FL 34698 Street City 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. GEORGE T-TURNER SIGNATURE Signatur FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be : After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State fo. 5. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TURNER, GEORGE T. JEChange 1401 DUNCAN LOOP N. #108 DILE. TITLE NAME TURNER, GEORGE T JR NAME STREET ADDRESS 2027 CASTILLE DRIVE STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE -- Deteta TITLE _ _ Change _ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-RP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE!

FILED