

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089412

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** TURNER CONSTRUCTION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

108 U.S. HIGHWAY 92  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

108 U.S. HIGHWAY 92  
SEFFNER, FL 33584

**New Mailing Address:**

**FEI Number:** 59-3348577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOLCOMB, VICTOR W  
201 N. ARMENIA  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TURNER, JEFF C P  
Address: 505 LAKESIDE DRIVE  
City-St-Zip: SEFFNER, FL 33584 US

Title: VP ( ) Delete  
Name: TURNER, SHERRY R VP  
Address: 505 LAKESIDE DRIVE  
City-St-Zip: SEFFNER, FL 33584 US

Title: OM ( ) Delete  
Name: TURNER, KRYSTAL R OM  
Address: 505 LAKESIDE DRIVE  
City-St-Zip: SEFFNER, FL 33584 US

Title: S ( ) Delete  
Name: VANDEWAARSENBERG, JOHN S  
Address: 108 U.S. HIGHWAY 92  
City-St-Zip: SEFFNER, FL 33584 US

Title: S (X) Delete  
Name: WATSON, DONNIE L S  
Address: 108 U.S. HIGHWAY 92  
City-St-Zip: SEFFNER, FL 33584 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JEFF TURNER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date