

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 AM
Secretary of State



DOCUMENT # P96000099947

1. Entity Name

N.B. TURNER ENTERPRISES, INC.

Principal Place of Business

5026 KESTRAL PKWY SO.
 SARASOTA FL 34231
 US

Mailing Address

PO BOX 1011
 ARCADIA FL 34265
 US



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0721381**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENSON, BAYNE
3521 SHORE LANE
BOCA GRANDE FL 33921

Name

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|----------------------------|--------------------|---------------------------------|
| D | TURNER, NANETTE B | 5026 KESTRAL PARKWY SOUTH | SARASOTA FL 34231 | <input type="checkbox"/> |
| D | STEVENSON, BAYNE | 35 SOUTH MAIN STREET | HANOVER NH 03755 | <input type="checkbox"/> |
| D | STEVENSON, DAVID | RFD ROUT 15, BOX 4145 | HYDE PARK VT 05655 | <input type="checkbox"/> |
| D | STEVENSON, LEE | 4 WEST OAK STREET, SUITE E | ARCADIA FL 33821 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|---------------------------|---|
| | | U00000720703 | 05/01/07-80118-004 150.00 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nanette B Turner Nanette B Turner 4/17/07

Date

Daytime Phone #