

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000012122

1. Entity Name
RALPH TURNER & ASSOCIATES, INC.



Principal Place of Business
2045 CHESAPEAKE DR.
ODESSA, FL 33556

Mailing Address
P O BOX 364
ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3433032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TURNER, JOAN P
19325 MICHIGAN AVE
ODESSA, FL 33556

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME TURNER, RALPH R
STREET ADDRESS 19325 MICHIGAN AVE
CITY-ST-ZIP ODESSA, FL 33556

TITLE D
NAME TURNER, ANTHONY R
STREET ADDRESS 7219 PLANZA DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D
NAME TURNER, JOAN P
STREET ADDRESS 19325 MICHIGAN AVE
CITY-ST-ZIP ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000395394
01/26/06-80049-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Anthony Turner* *Anthony Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06 813-920-5888
Date Daytime Phone #