FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2006 8:00 am Secretary of State

4/29/2006

Date

904 353-8989

Daytime Phone #

UNIFORM BUSINESS REPORT (UBR)				Secretary or State	
DOCUMENT # P99000020872				05-09-2006 90083 010 ***150.00	
1. Entity Name					
•					
<u>M LYNN TURNER IN</u>	C				
		E'IN THIS	SDACE	40089872	
		40000012			
2. Principal Place of	Business	3. Mailing Addres	<u> </u>		
5141 OTTER CREEK DR		_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For
PONTÉ VEDRA BEACH, FL				59-3565037	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
32082			7. Nam	e and Address of Current Regis	
	1 at	ar delitation delitation entitles a delitation	Name		tered Agent
	O NOT V	VRITE	TURNER, LYI	NN ress (P.O. Box Number is Not Acc	antable)
IN THIS SPACE 5141 OTTER				CREEK DR	
	A I LIO O	FAUE	historia de la companya della companya della companya de la companya de la companya della compan		
ja en en energ			City		Zip Code
PONTE VEDR 8. The above named entity submits this statement for the purpose of changing its re				RA BEACH FL	32082
State of Florida. I	am familiar with, a	s statement for the pu and accept the obligat	rpose of changing its ri ions of registered agen	agistered oπice or registered ageni t.	t, or both, in the
SIGNATURE	·				
Signatu	re, typed or printed nam	e of registered agent and titl	e if applicable. (NOTE: Regis	tered Agent signature required when reinstal	ing) DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00				9. Election Campaign Financing \$5.00 May Be	
	led UBR is \$61.2		r.	Trust Fund Contribution.	Added to Fees
Make Check Payable	to Florida Depar	tment of State	1.44		·
10. TITLE	D OFFICERS	AND DIRECTORS	11.		
NAME	TURNER, LYNN	-EV DD	NAME		
STREET ADDRESS CITY-ST-ZIP	5141 OTTER CRI PONTE VEDRA E		STREET ADDRESS CITY-ST-ZIP		hill der til krine fligte
TITLE		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY ST-ZIP		projekt japoleksi tako septaki to
TITLE NAME			TITLE	nakalika mananakilikika kii ilikiki manakili inta 1866 ci sa	. Nichan
STREET ADDRESS			NAME STREET ADDRESS		/DITE
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		
TITLE NAME			NAME	IN THIS SP	PACE
STREET ADDRESS			STREET ADDRES		Heliotechill benedigting
CITY-ST-ZIP TITLE			CITY-ST-ZIP		andria alleri
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		gilika pilitan pilagi.
CITY-ST-ZIP TITLE			TITLE	Andread and the control of the contr	in in in the second sec
NAME			NAME!		tričija paličija, ir šejte
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES		buent the comment of the comment
12. I hereby certify that the			qualify for the exemption sta	ited in Section 119.07(3)(i), Florida Statu	tes. I further
				nd that my signature shall have the same empowered to execute this report as rec	
				empowered to execute this report as rec an address, with all other like empowered	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHNEST

H0089872 FP99000020872

To: Dept. of State

TALLAMASSER, FZ

RE: UBR-2005 + 2006

WE Sent in The 2005 UBR with

I check, which was cashed, but we here saw the Renewal en-line.

We are here with Enclosing UBR For 2006, with I check. For \$50.—

PLEASE REINSTATE THE CORPORATION TO ACTIVE STATUS.

THANK YOU.

HAVE YOU. HAVE NETWORK

Mail ABBRECT. 19290 NE 19 AVE J NORTH MIAM BEACH FZ DIM