2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/2!

DOCUMENT # P99000106128

1. Entity Name
JOHN B. TURNER VI INSURANCE GROUP, INC.

66433807

Principal Place of Business	Mailing Address
964 WEST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	964 WEST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

07062004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0970327		Not Applicable
5. Certificate of Status Desired	☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JOHN
964 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

NO Changes

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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   John Turner   9/7/04

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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	TURNER, JOHN
STREET ADDRESS	964 WEST HALLANDALE BEACH BLVD.
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: 9/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #