


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # V04146 1. Entity Name STRAUGHN & TURNER, P.A.	
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Principal Place of Business 255 MAGNOLIA AVE WINTER HAVEN, FL 33880	Mailing Address PO BOX 2295 WINTER HAVEN, FL 33883-2295 US
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DO NOT WRITE IN THIS SPACE



01082008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3098629	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 STRAUGHN, RICHARD E. 255 MAGNOLIA AVE WINTER HAVEN, FL 33880
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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00000780733
 01/15/08-80007-010 150.00

10: OFFICERS AND DIRECTORS	
TITLE	PD
NAME	STRAUGHN, RICHARD E.
STREET ADDRESS	255 MAGNOLIA AVENUE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VD
NAME	TURNER, MARK G
STREET ADDRESS	255 MAGNOLIA AVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **Richard E. Straughn** 1/8/08 (863) 293-1184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #