

# 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.**



Principal Place of Business  
**255 MAGNOLIA AVE  
WINTER HAVEN, FL 33880**

Mailing Address  
**PO BOX 2295  
WINTER HAVEN, FL 33883-2295 US**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3098629**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STRAUGHN, RICHARD E.  
255 MAGNOLIA AVE  
WINTER HAVEN, FL 33880**

**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 \_\_\_\_\_ (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. ☐ **\$5.00 May Be  
Added to Fees**

000000780739  
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    |                        |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard E. Straughn** 1/8/08 (863) 293-1184

Date Daytime Phone #