

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V68180**

1. Entity Name  
**TURNER'S QUALITY DRYWALL INC**



Principal Place of Business  
**401 DESOTO AVE.  
DELEON SPGS., FL 32130**

Mailing Address  
**401 DESOTO AVE.  
DELEON SPGS., FL 32130**



04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3144531**

Applied For  
☐ Not Applicable

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

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

**TURNER, REBECCA J.  
401 DESOTO AVE.  
DELEON SPGS., FL 32130**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TURNER, ROGER LEE
STREET ADDRESS	401 DESOTO AVE.
CITY-ST-ZIP	DELEON SPRINGS,, FL
TITLE	VP
NAME	TURNER, ROGER LEO
STREET ADDRESS	401 DESOTO AVE.
CITY-ST-ZIP	DELEON SPRINGS,, FL
TITLE	S
NAME	ARMSTRONG, STEVE
STREET ADDRESS	3220 BOXELDER STREET
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	T
NAME	TURNER, REBECCA J
STREET ADDRESS	401 DESOTO AVE.
CITY-ST-ZIP	DELEON SPRINGS, FL 32130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000354404  
05/03/05-80105-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

**PRESIDENT  
ROGER TURNER**

**27 APRIL 2005 386 985 082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #