

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # V72966

1. Entity Name

M. STEPHEN TURNER, P.A.



Principal Place of Business

FIRST FLORIDA BANK TOWER
215 SOUTH MONROE ST., SUITE 400
TALLAHASSEE, FL 32301

Mailing Address

FIRST FLORIDA BANK TOWER
215 SOUTH MONROE ST., SUITE 400
TALLAHASSEE, FL 32301



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3158426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FL
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TURNER, M. STEPHEN
STREET ADDRESS 215 S. MONROE ST., #400
CITY-ST-ZIP TALLAHASSEE, FL

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U00000381666
01/11/06-80063-019 150.00

**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 supplementary 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-06

850-681-6810

Date

Daytime Phone #