2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 08:00 Al Secretary of State

ANNUAL REPORT					Feb 04, 2008 08:0			
1. Entity Nar	JMENT # P9800009268 MED TURBO COMPONENTS-F		Secretary of St					
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540-C 2ND	STREET, SW	Mailing Address 540-C 2ND STREET, SW VERO BEACH, FL 32962		1 (28)(88)	el u : 3 100 a 10111 30 011 30 011 3 0	11 80 11 0 (B145 11 0 10 0 111	#1.18(II 1881BB II 1881	
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DO NOT WRITE IN THIS SPA			CE	01312008	No Chg-P	CR2E034 (1	1/05)	
			CL	4. FEI Numb 59-354			Applied For Not Applicable	
	6. Name and Address of Current Regi			5. Certificati	e of Status Desired	□ \$8.7	75 Additional Required	
ROGERS, ALISON 540-C 2ND STREET, S.W. VERO BEACH, FL 32962					NOT W THIS SP			
8. The above the obligate SIGNATURE.	a named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and tritle.		ed office or register			DATE	r with, and accept	
		9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	92/12/08-	1812400 -80046-006	6 150.00	
10.	OFFICERS AND DIRE	CTORS	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				. •		,		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTALL, MARY 4543 WEST IRIS AVENUE VISALIA, CA 93277			DO	NOT W	RITE	د	
NAME STREET ADDRESS CITY-ST-ZIP			}	IN	THIS SP	ACE		
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing dose 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 accusate 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 of trusted 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:

CITY-ST-ZIP

IITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/08 772 569-2995
Date Dayline Phone #