

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90031 006 \*\*\*150.00

**DOCUMENT # F01000000640**

1. Entity Name

TURBINE TRUCK ENGINES, INC.



Principal Place of Business

1200 FLIGHTLINE BLVD.  
SUITE 5  
DELAND FL 32724

Mailing Address

1200 FLIGHTLINE BLVD.  
SUITE 5  
DELAND FL 32724

34000110



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3691650

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M ESQ  
220 S. FRANKLIN STREET  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name David M. Jeffries, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
Jeff & Jeffries, P.A.

101 E. Kennedy Blvd., Suite 3000

City Tampa, FL Zip Code 33602

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	ROUSE, MICHAEL	
STREET ADDRESS	1200 FLIGHTLINE BLVD.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	TETERS, JAMES JR.	
STREET ADDRESS	1200 FLIGHTLINE BLVD.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PUTNAM, JAMES	
STREET ADDRESS	1200 FLIGHTLINE BLVD.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	STV	<input type="checkbox"/> Delete
NAME	ROUSE, PHYLLIS	
STREET ADDRESS	1200 FLIGHTLINE BLVD.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILDEN, JAY	
STREET ADDRESS	1200 FLIGHTLINE BLVD.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO

Date

Daytime Phone #

4-13-04 386-943-8358