


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90129 003 ***150.00

DOCUMENT # H95903

1. Entity Name
TURBINE GENERATOR MAINTENANCE, INC.



Principal Place of Business Mailing Address

**4635 CORONADO PARKWAY, SUITE 7
 CAPE CORAL, FL 33904** **4635 CORONADO PARKWAY, SUITE 7
 CAPE CORAL, FL 33904**

00006224



2. Principal Place of Business 3. Mailing Address

1490 Pine Island Rd NE **1490 Pine Island Rd NE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Bldg 5 **Bldg 5**

City & State City & State

Cape Coral, FL **Cape Coral, FL**

Zip Country Zip Country

33909 **USA** **33909** **USA**

4. FEI Number Applied For

59-2637238 Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, ANTHONY VERNON
4635 CORONADO PKWY., STE. 7
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1490 NE Pine Island RD

Bldg 5

City State Zip Code

Cape Coral **FL** **33909**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLLINS, ANTHONY VERNON 4635 CORONADO PKWY STE 7 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1490 NE Pine Island Rd., Bldg 5 Cape Coral, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNCAPHER, JANICE 408 SW 19TH LANE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Janice M Uncapher* - CORP. SECR 3/23/06 239 573 1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #