## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 12, 2005 08:00 AM DOCUMENT # P0000003194 **Secretary of State** 1. Entity Name C.M.R. TURBOS, INC. Principal Place of Business\_ Mailing Address P.O. BOX 421 41152 SUTORUS RD CRYSTAL SPRINGS, FL 33524 # 421 CRYSTAL SPRINGS, FL 33524 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3616851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTHEWS, CHARLES F JR DO NOT WRITE 41152 SUTORUS RD # 421 IN THIS SPACE CRYSTAL SPRINGS, FL 33524 3. 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, typed or printed name of registered agent and title a applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U0000026**0**513 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 5-80028-008 150.00 OFFICERS AND DIRECTORS 10. PSTD MATTHEWS, CHARLES F JR NAME STREET ADDRESS 41152 SUTORUS RD # 421 CITY-ST-ZIP CRYSTAL SPRINGS, FL 33524 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

2-7-05

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