

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000052379

1. Entity Name
TURBINE MAN, INC.



Principal Place of Business 511 113TH AVENUE SOUTH JACKSONVILLE, FL 32250	Mailing Address 511 113TH AVENUE SOUTH JACKSONVILLE, FL 32250
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3721598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, IVY DANIEL
511 113TH AVENUE SOUTH
JACKSONVILLE, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

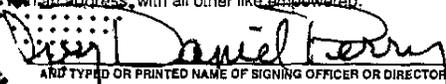
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PERRY, IVY DANIEL 511 113TH AVENUE SOUTH JACKSONVILLE, FL 32250
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03/12/05-80024-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information submitted 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 a representative duly 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 certificate of appointment with an address, with all other like empowered.

SIGNATURE  3.8.04

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