


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000099138	
1. Entity Name TERMINATOR PROPELLER'S INC.	

Principal Place of Business 406 BURNS LANE WINTER HAVEN, FL 33884	Mailing Address 406 BURNS LANE WINTER HAVEN, FL 33884
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3752727	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WAGMAN, BILLY L 536 ADAMS BARN ROAD AUBURNDALE, FL 33823
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000123666 04/22/04 00014 012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD WAGMAN, TIMOTHY A 406 BURNS LANE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD WAGMAN, BILLY L 406 BURNS LANE WINTER HAVEN, FL 33884
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Billy L. Wagman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-19-04</u> <small>Date</small>	<u>863-324-1653</u> <small>Day-Tel. Phone #</small>
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Mailed 4-19-04 \$150.00