


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000102486 1. Entity Name TURBO SERVICES, INC.	
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Principal Place of Business 6469 NW 79 WAY PARKLAND, FL 33067	Mailing Address 6469 NW 79 WAY PARKLAND, FL 33067
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DO NOT WRITE IN THIS SPACE

FILED

2007 FEB -2 PM 1:08

SEC
STATE OF FLORIDA

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2080097	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 STOUT, THOMAS R 6469 NW 79 WAY PARKLAND, FL 33067	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	10087412571 02/05/07--01005--002 **250.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOUT, THOMAS R 6469 NW 79 WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STOUT, DEBORAH S 6469 NW 79 WAY PARKLAND, FL 33067
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DO NOT WRITE
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____