

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 OCT 12 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035932

1. Entity Name

TURBOFLOW INTERNATIONAL, INC.



Principal Place of Business

1696 SW FOXPOINT TRAIL
PALM CITY FL 34990

Mailing Address

1696 SW FOXPOINT TRAIL
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3311811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STELTZ, BARBARA F
1696 SW FOXPOINT TRAIL
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DC 10/20/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PST	<input type="checkbox"/> Delete
NAME	STELTZ, BARBARA F	
STREET ADDRESS	1696 SW FOXPOINT TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10/12/04--01022--007 **602.50	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500041811815	
CITY-ST-ZIP	10/12/04--01022--007 **602.50	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied 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 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:

Barbara Frances Steltz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA FRANCES STELTZ

OCT. 8, 2004 772-286-0326
Date Daytime Phone #