2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000092687

1. Entity Name
APPROVED TURBO COMPONENTS-FLORIDA, INC.

Principal Place of Business	Mailing Address
540-C 2ND STREET, SW VERO BEACH, FL 32962	540-C 2ND STREET, SW VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3545393
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ALISON
540-C 2ND STREET, S.W.
VERO BEACH, FL 32962

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

000009124001
02/12/08-80046-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGERS, MICHAEL W
STREET ADDRESS	5650 25TH STREET S.W.
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	VP
NAME	ROGERS, ALISON
STREET ADDRESS	5650 25TH STREET S.W.
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	D
NAME	WHITTALL, MARY
STREET ADDRESS	4543 WEST IRIS AVENUE
CITY-ST-ZIP	VISALIA, CA 93277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/31/08 772-569-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #