


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000092953  
 1. Entity Name  
 POWER RESOURCE GROUP, INC.



Principal Place of Business      Mailing Address  
 820 FOXHALL      820 FOXHALL  
 LAKE LAND, FL 33813      LAKE LAND, FL 33813

**DO NOT WRITE IN THIS SPACE**



01302005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 56-2355292      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DEAN, JOHN  
 820 FOXHALL  
 LAKE LAND, FL 33813

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

1100000220507  
 02/08/05-80072-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLIDER, LONNIE 3701 HICKORY RIDGE CT MARIETTA, GA 30066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DEAN, JOHN 820 FOXHALL LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: John M Dean      Date: 2/2/05      Daytime Phone #: 863-255-2486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR