

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042186

Entity Name: POWER 10 APPAREL, INC.

FILED
Jul 06, 2004
Secretary of State

Current Principal Place of Business:

5 SLEEPY HOLLOW COVE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

5 SLEEPY HOLLOW COVE
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3512343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, GERALDINE
5 SLEEPY HOLLOW COVE
LONGWOOD, FL 32750

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FOWLER, BRAM G
Address: 5 SLEEPY HOLLOW COVE
City-St-Zip: LONGWOOD, FL 32750

Title: P () Delete
Name: FOWLER, GERALDINE
Address: 5 SLEEPY HOLLOW COVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAM FOWLER

VP

07/06/2004

Electronic Signature of Signing Officer or Director

_____ Date