

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000097583

1. Entity Name
POWER PLUS PRODUCTS, INC.



FILED
06 MAR 14 PM 1:04

Principal Place of Business
5688 W. CRENSHAW
TAMPA, FL 33634

Mailing Address *c/o Greenco*
5688 W. CRENSHAW
TAMPA, FL 33634

2. Principal Place of Business

3. Mailing Address

c/o Greenco

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5688 W. Crenshaw

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33634

02102006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3549052

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

PINCIARO, SALLY J
5688 W. CRENSHAW
TAMPA, FL 33634

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVT
NAME GREEN, JOSEPH T ☐ Delete
STREET ADDRESS 5688 W CRENSHAW
CITY-ST-ZIP TAMPA, FL 33634

TITLE S
NAME PINCIARO, SALLY J ☐ Delete
STREET ADDRESS 5688 W CRENSHAW
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700068113797
CITY-ST-ZIP 03/20/06--01030--021 **150.00

TITLE ☒ Change ☐ Addition
NAME Sally R. Pinciaro
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3/16/06
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph T Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-06

Date

952-475-6498

Daytime Phone #