

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000030590

**Entity Name:** POWERS & DISQUE CPA, P.A.

**Current Principal Place of Business:**

707 S.E. THIRD AVE  
STE 400  
FT. LAUDERDALE, FL 33316-1147

**Current Mailing Address:**

707 S.E. THIRD AVE  
STE 400  
FT. LAUDERDALE, FL 33316-1147 US

**FEI Number:** 20-2424076

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POWERS, RAYMOND J  
707 S.E. THIRD AVE  
STE 400  
FT. LAUDERDALE, FL 33316-1147 US

*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

**Officer/Director Detail :**

Title PD  
Name POWERS, RAYMOND J  
Address 707 S.E. THIRD AVE  
STE 400  
City-State-Zip: FT. LAUDERDALE FL 33316-1147

Title STD  
Name DISQUE, PHILIP A  
Address 707 S.E. THIRD AVE  
STE 400  
City-State-Zip: FT. LAUDERDALE FL 33316-1147

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAYMOND J POWERS

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date