


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 429467
 1. Entity Name
POWER CORPORATION



Principal Place of Business Mailing Address
 2666 AIRPORT RD.,S. 2666 AIRPORT RD.,S.
 NAPLES, FL 34112 US NAPLES, FL 34112-4885 US

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1466525 Not Applicable

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

6. Name and Address of Current Registered Agent
 HIGGS, WILLIAM T
 2666 AIRPORT RD.,S.
 NAPLES, FL 34112-4885

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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 _____
Signatures, 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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | DP |
| NAME | HIGGS, WILLIAM T |
| STREET ADDRESS | 2666 AIRPORT RD.,S. |
| CITY-ST-ZIP | NAPLES, FL 341124885 |
| TITLE | DVS |
| NAME | HIGGS, ANTONIA M |
| STREET ADDRESS | 2666 AIRPORT ROAD SOUTH |
| CITY-ST-ZIP | NAPLES, FL 341124885 |
| TITLE | V |
| NAME | AGNELLI, JOHN J |
| STREET ADDRESS | 2666 AIRPORT RD., S. |
| CITY-ST-ZIP | NAPLES, FL 341124885 |
| TITLE | T |
| NAME | LOIACANO, LISA F |
| STREET ADDRESS | 2666 AIRPORT RD., S. |
| CITY-ST-ZIP | NAPLES, FL 341124885 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/26/05-80053-021 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lisa F. Loiacano, Treas. Date: 4/19/05 Daytime Phone #: 239-775-2230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #