

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90188 041 ***150.00

DOCUMENT # 429467

1. Entity Name
POWER CORPORATION



40010000

Principal Place of Business
2666 AIRPORT RD., S.
NAPLES, FL 34112 US

Mailing Address
2666 AIRPORT RD., S.
NAPLES, FL 34112-4885 US

2. Principal Place of Business
3050 N. Horseshoe Dr.

3. Mailing Address
3050 N. Horseshoe Dr

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

City & State
Naples, FL

City & State
Naples, FL

Zip
34104

Country
US

Zip
34104

Country
US

04182006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1466525

Applied For
☐ 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

7. Name and Address of New Registered Agent

Name
William T. Higgs

Street Address (P.O. Box Number is Not Acceptable)
3050 N. Horseshoe Dr

Suite 105

City
Naples

FL Zip Code
34104

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 **William T. Higgs** **4/27/06**
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 NAME STREET ADDRESS CITY-ST-ZIP	DP HIGGS, WILLIAM T 2666 AIRPORT RD., S. NAPLES, FL 341124885 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HIGGS, ANTONIA M 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGNELLI, JOHN J 2666 AIRPORT RD., S. NAPLES, FL 341124885 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIACANO, LISA F 2666 AIRPORT RD., S. NAPLES, FL 341124885 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 N. Horseshoe Dr. #105 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 N. Horseshoe Dr. #105 Naples, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lisa F. Loiacano** **4/25/06** **239-775-2230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #