


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # 429467
 1. Entity Name
POWER CORPORATION



Principal Place of Business 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 US	Mailing Address 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 US
---	---

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1466525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIGGS, WILLIAM T
 3050 NORTH HORSESHOE DR
 SUITE 105
 NAPLES, FL 34104**

DO NOT WRITE IN THIS SPACE

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 _____
¹Signature, 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, 2007 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 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HIGGS, ANTONIA M 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGNELLI, JOHN J 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIACANO, LISA F 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000670480
 03/27/07-80115-004 150.00

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 3/2/07 239-775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #