


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 444619</b> 1. Entity Name <b>POWERS PARTS, INC.</b>	
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<b>Principal Place of Business</b> 425 PINE AVE. P.O. BOX 796 ANNA MARIA, FL 34216	<b>Mailing Address</b> 425 PINE AVE. P.O. BOX 796 ANNA MARIA, FL 34216
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1524563</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  POWERS, DALE W 302 N. SHORE DR. ANNA MARIA, FL 34216
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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	PD POWERS, DALE WARREN 302 N. SHORE DR. ANNA MARIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWERS, MARCIA KENDALL 302 N. SHORE DR. ANNA MARIA, FL
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01/12/04-80011-025 150.00

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 persons empowered.

**SIGNATURE:** Dale W. Powers, Pres **DALE W. POWERS** 1-6-04 941-778-7270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #