

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90030 018 ***150.00

DOCUMENT # 444619

1. Entity Name
POWERS PARTS, INC.



Principal Place of Business
**425 PINE AVE.
P.O. BOX 796
ANNA MARIA, FL 34216**

Mailing Address
**425 PINE AVE.
P.O. BOX 796
ANNA MARIA, FL 34216**

60011003



01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1524563

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, DALE W
302 N. SHORE DR. 1708 78th St. W.
ANNA MARIA, FL 34216 Bradenton, FL 34209**

**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 _____
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, 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	PD
NAME	POWERS, DALE WARREN
STREET ADDRESS	302 N. SHORE DR. 1708 78 th St. W.
CITY-ST-ZIP	ANNA MARIA, FL Bradenton, FL 34209
TITLE	V
NAME	POWERS, MARCIA KENDALL
STREET ADDRESS	302 N. SHORE DR. 1708 78 th St. W.
CITY-ST-ZIP	ANNA MARIA, FL Bradenton, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dale W Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 941 778 7270
Date Daytime Phone #