

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544203

Entity Name: FRED POWERS, INC.

FILED  
Mar 21, 2008  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 13059  
2600 S. MIAMI RD.  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

2600 S. MIAMI RD.  
FT. LAUDERDALE, FL 33316 US

## Current Mailing Address:

P.O. BOX 13059  
2600 S. MIAMI RD.  
FT. LAUDERDALE, FL 33316

## New Mailing Address:

5402 NE 17 TERRACE  
FT. LAUDERDALE, FL 33334 US

FEI Number: 59-1976836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POWERS, FRED H.  
5402 NE 17TH TERR  
FT. LAUDERDALE, FL 33334 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POWERS, FRED H.,  
Address: 5402 NE 17TH TERR  
City-St-Zip: FT. LAUDERDALE, FL

Title: S ( ) Delete  
Name: LONGMUIR, SHARON P.,  
Address: 4902 S.W. 12TH STREET  
City-St-Zip: MARGATE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POWERS, FRED H.,  
Address: 5402 NE 17TH TERR  
City-St-Zip: FT. LAUDERDALE, FL 33334 US

Title: S (X) Change ( ) Addition  
Name: LONGMUIR, SHARON P.,  
Address: 4902 S.W. 12TH STREET  
City-St-Zip: MARGATE, FL 33068 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON P. LONGMUIR

S

03/21/2008

Electronic Signature of Signing Officer or Director

Date