


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90226 029 \*\*\*\*61.25

<b>DOCUMENT # 737706</b> 1. Entity Name PEACE RIVER POWER SQUADRON, INC.					
Principal Place of Business PO BOX 511042 PUNTA GORDA, FL 33951-1042 US			Mailing Address PO BOX 511042 PUNTA GORDA, FL 33951-1042 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1784297	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BARTHOLOMEW, EARL 25194 ROSAMOND CT PUNTA GORDA, FL 33983				7. Name and Address of New Registered Agent Name, <u>MUSCO, GEORGE</u> Street Address (P.O. Box Number is Not Acceptable) <u>19178 WATERBURY CT.</u> City <u>PORT CHARLOTTE</u> FL <u>33946</u>	
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 <u>George J Musco</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04-24-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNER, WILLIAM 3251 WHITE 131 S CT C2 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUSCO, GEORGE 19178 WATERBURY CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTTEN, ANN 3508 ROSENAU DR PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTHOLOMEW, EARL 25194 ROSAMOND CT. PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT HARTMAN 184 HIBISCUS DR. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLEMM, RICHARD 3535 DIPPER CT PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BETTY CAMPANELLO 3323 TRINIDAD CT. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MUSCO, CAROL 19178 WATERBURY CT PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		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 617, 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: <u>Bm Campanella</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>04-24-07</u> <small>Daytime Phone #</small>	