


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A93000001205		
1. Entity Name PWR INVESTMENT GROUP, LTD.		

FILED
 2004 APR 21 PM 3:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1533 US 19 NORTH HOLIDAY FL 34691-5650	Mailing Address 1533 US 19 NORTH HOLIDAY FL 34691-5650
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3208857		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		7. Name and Address of New Registered Agent	
PIPITONE, PETER V 1533 US HIGHWAY 19 NORTH HOLIDAY FL 34691-5650		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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
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9. Capital Contributions as Shown on record. \$37,279.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	PIPITONE, PETER V	CITY-ST-ZIP	
STREET ADDRESS	1533 US 19 N.		
CITY-ST-ZIP	HOLIDAY FL 34691		
DOCUMENT #	NAME	STREET ADDRESS	
	WEISS, ARTHUR	CITY-ST-ZIP	
STREET ADDRESS	1533 US 19 N.		
CITY-ST-ZIP	HOLIDAY FL 34691		
DOCUMENT #	NAME	STREET ADDRESS	
	SCROPPO, JOHN W	CITY-ST-ZIP	
STREET ADDRESS	1533 US 19 N.		
CITY-ST-ZIP	HOLIDAY FL 34691		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 	DATE: 4-19-04	DAYTIME PHONE #: 727-982-8777
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SAMPLE CHECK HERE