


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2004 8:00 am**  
**Secretary of State**

06-29-2004 90002 012 \*\*\*150.00

<b>DOCUMENT # F0000003078</b>					
1. Entry Name <b>S&amp;S POWER, INC.</b>					
Principal Place of Business <b>350 WEST 2500 NORTH LOGAN, UT 84341</b>			Mailing Address <b>350 WEST 2500 NORTH LOGAN, UT 84341</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHECKETTS, STAN		NAME		
STREET ADDRESS	880 EAST CANYON RD.		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE, UT		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Allen, Rich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RICH		NAME	2945 Canyon Ridge Dr.	
STREET ADDRESS	980 CANTERBURY		STREET ADDRESS	North Logan, UT 84341	
CITY-ST-ZIP	LOGAN, UT		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRATES, BOB		NAME		
STREET ADDRESS	222 WEST 4TH ST. P5		STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, KELLY		NAME		
STREET ADDRESS	28 VALLEY RIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH, TX		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Rich Allen</i> <b>Rich Allen</b>			6/22/04 435-752-1987		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54059212



06222004 Chg-P CR2E034 (10/03)

4. FEI Number  
**87-0644372**

Applied For  
Not Applicable

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

FL Zip Code