


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90011 034 ***150.00

DOCUMENT # F07000002691					
1. Entity Name SPIPOWER, INC.					
Principal Place of Business 900 DOWNTOWNER BLVD., SUITE A MOBILE, AL 36609			Mailing Address 900 DOWNTOWNER BLVD., SUITE A MOBILE, AL 36609		
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	01072008 Chg-P CR2E034 (12/06)	
4. FEI Number 72-1311923				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DR., SUITE 1200 JACKSONVILLE, FL 32202			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASILLA, THOMAS A JR.		NAME		
STREET ADDRESS	2542 WILLIAMS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	KENNER, LA 70062		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERAMIE, GUY M		NAME	Cheremie, Guy M.	
STREET ADDRESS	2542 WILLIAMS BLVD.		STREET ADDRESS	2542 Williams Blvd.	
CITY-ST-ZIP	KENNER, LA 70062		CITY-ST-ZIP	Kenner, LA 70062	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DP	
STREET ADDRESS			STREET ADDRESS	Miatello, Paul	
CITY-ST-ZIP			CITY-ST-ZIP	2542 Williams Blvd.	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DV	
STREET ADDRESS			STREET ADDRESS	Talano, John	
CITY-ST-ZIP			CITY-ST-ZIP	2542 Williams Blvd.	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	S	
STREET ADDRESS			STREET ADDRESS	Kutcher, Robert A.	
CITY-ST-ZIP			CITY-ST-ZIP	3850 N. Causeway Blvd., Suite 400	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Metairie, LA 70002	
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 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 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: <u>Guy M. Cheremie</u> <u>1/15/08 504-904-8500</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					