

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 001 ***150.00

DOCUMENT # F94000002585

1. Entity Name

POWER ELECTRONICS MANAGEMENT SERVICES, INC.



Principal Place of Business

**818 BIRD BAY WAY
818
VENICE FL 34292
US**

Mailing Address

**818 BIRD BAY WAY
818
VENICE FL 34292
US**

2. Principal Place of Business

3112 LLOYD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3112 LLOYD DRIVE

Suite, Apt. #, etc.

City & State

HOLIDAY, FL

City & State

HOLIDAY, FL 34691

Zip

34691

Country

PASCO

Zip

34691

Country

PASCO

4. FEI Number

64-0792151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KILEY, RICHARD F
818 BIRD BAY WAY
VENICE FL 34292**

Name **KILEY, Richard F.**

Street Address (P.O. Box Number is Not Acceptable)

3112 LLOYD DRIVE

City

HOLIDAY

FL

Zip Code

34691

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KILEY, RICHARD F**
STREET ADDRESS **818 BIRD BAY WAY**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Richard F. Kiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2004

Date

Daytime Phone #