# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # F99000004253

1. Entity Name
POWER FLOW SYSTEMS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1585 AVIATION CENTER PARKWAY, HANGAR 804<br>DAYTONA BEACH, FL 32114 | 1585 AVIATION CENTER PARKWAY, HANGAR 804<br>DAYTONA BEACH, FL 32114 |

**DO NOT WRITE IN THIS SPACE**

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3468516
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, ROBIN
1585 AVIATION CENTER PKWY, HANGER 804
DAYTONA BEACH, FL 32114

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | THOMAS, ROBIN |
| STREET ADDRESS | 3301 JOHN ANDERSON DR |
| CITY ST ZIP | ORMOND BEACH, FL 32176 |
| TITLE | S |
| NAME | FRANCKE, ROSEMARIE |
| STREET ADDRESS | 3301 JOHN ANDERSON DR |
| CITY ST ZIP | ORMOND BEACH, FL 32176 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/28/05-80059-008 150.00

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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:** _____ Robin Thomas 4/26/05 (386) 253-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #