

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 043 ***150.00

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1. Entity Name
POWER FLOW SYSTEMS INC.



Principal Place of Business
**1585 AVIATION CENTER PARKWAY, HANGAR 804
DAYTONA BEACH, FL 32114**

Mailing Address
**1585 AVIATION CENTER PARKWAY, HANGAR 804
DAYTONA BEACH, FL 32114**

40097032



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

04232007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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, 2007 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THOMAS, ROBIN
3301 JOHN ANDERSON DR
ORMOND BEACH, FL 32176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DARREN TILMAN
1505 CASEY LANE
PORT ORANGE, FL 32129** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FRANCKE, ROSEMARIE
3301 JOHN ANDERSON DR
ORMOND BEACH, FL 32176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEOFFREY DAVIS
1997 HAWK'S NEST DR.
PORT ORANGE, FL 32128** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN THOMAS

4/23/07 (386) 253-8833

Date

Daytime Phone #