## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90185 023 \*\*\*150.00 DOCUMENT # G06298 1. Entity Name POWER SERVICES OF NE. INC. Principal Place of Business Mailing Address P.O. BOX 55368 8950 DR MLK NORTH SUITE 130 SAINT PETERSBURG, FL 33732 SAINT PETERSBURG, FL 33702 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1384 - 54 AVE NE Suite, Apt. #, etc. Suite. Apt. #, etc. 01302008 Chg-P CR2E034 (12/06) Applied For St<sup>ily</sup>fetersburg FL City & State 4. FEI Number 59-2218970 Not Applicable Country Country 33703 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7.\_Name and Address of New Registered Agent Name WINEBRENNER, JACK M. Street Address (P.O. Box Number is Not Acceptable) 1384 - 54th Ave NE 8950 DR MARTIN LUTHER KING ST NORTH **SUITE 130** SAINT PETERSBURG EL 33702 St Petersburg 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 Symmem, lypod or printed name of improved upper and admit at publicable (NOTE: Registered Agent signature required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE Change ☐ Addition MCNAMARA, PHILIP NAME NAME STREET ADDRESS LOWER WILSON POND STREET ADDRESS GREENVILLE, ME 04441 CITY ST-ZIP CITY-ST ZIP VSD HILE Delete TITLE Change Addition BRODERICK, J.S. NAME NAME 182 PLAINS RD STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP LITCHFIELD, ME 04350 CITY - ST - ZIP :111,6 ☐ Delote HITLE ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Detete HILE THLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 function and that my name appears in Block 10 or Block 11 if changed, or on an attachment

aw Philip McNamara

**FILED** 

727/327-1256

Daytere Phone #

4/27/08