


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H76209</b> 1. Entity Name POWER FLO MARKETING CORP.	
---	---

Principal Place of Business 512 BELLE ISLE AVENUE BELLE ISLE AVE BELLEAIR BEACH, FL 34635 US	Mailing Address 1681 94TH LANE NE MINNEAPOLIS, MN 55449 US
---	--



03012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2949464	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  BRUGGEMAN, WILLIAM LOUIS 512 BELLE ISLE AVENUE BELLE ISLE AVE BELLEAIR BEACH, FL 34635	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP BRUGGEMAN, WILLIAM LOUIS 512 BELLE ISLE AVENUE BELLEAIR BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUGGEMAN, RUTH JEAN 512 BELLE ISLE AVENUE BELLEAIR BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD0000254101  
03/07/05-80063-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.

SIGNATURE: William L. Bruggeman 3/1/05 763/780-5440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
William L. Bruggeman