

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90044 001 ***150.00

DOCUMENT # J37447

1. Entity Name

THE POWER WITHIN INSTITUTE, INC.



Principal Place of Business

19195 CYPRESS VISTA CIRCLE
FORT MYERS FL 33912
US

Mailing Address

PO BOX 595
MATLACHA FL 33993
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2737529

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

JOAN MARGARET MAKI
19195 CYPRESS VISTA CIRCLE
FORT MYERS FL 33912

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, 2005 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 P ☐ Delete
NAME JOAN MARGARET MAKI
STREET ADDRESS 19195 CYPRESS VISTA CIRCLE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE D ☒ Delete
NAME LO MONACO, KATHERINE
STREET ADDRESS 315 NORTH MAIN
CITY-ST-ZIP CANASTOTA NY 13032

TITLE D ☐ Delete
NAME ATKINS, BARBARA
STREET ADDRESS 1723 GOLF CLUB DRIVE UNIT 3
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE T ☐ Delete
NAME MAKI, DAVID M
STREET ADDRESS 4109 SCARLETT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME Schaefer, Carole
STREET ADDRESS 160 Turtle Lake Ct., #203
CITY-ST-ZIP Naples, FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Joan Margaret Maki (JOAN MARGARET MAKI) 2-1-05 (239) 282-9364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #