2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

HERBERTE EVEFE

Mar 08, 2006 8:00 am Secretary of State DOCUMENT # K85195 1. Entity Name 03-08-2006 90179 018 ***150.00 PREVENTIVE POWER PLANT MAINTENANCE, INC. Principal Place of Business Mailing Address 14701 SUNSET LANE FORT LAUDERDALE FL 33330 14701 SUNSET LANE FORT LAUDERDALE FL 33330 2. Principal Place of Business 3. Mailing Address 15561 DOUBE CT. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FE! Number 65-0115590 FL Not Applicable DA U IE Country USA Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **FYFFE, THOMAS** 14701 SUNSET LANE FORT LAUDERDALE FL 33330 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. nature reguined when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE DP ☐ Delete TITLE Change ☐ Addition NAME FYFFE, THOMAS NAME STREET ADDRESS 14701 SUNSET LANE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-7IP DILE ☐ Change ☐ Addition TITLE ☐ Delete NAME FYFFE, HERBERT E STREET ADDRESS STREET ADDRESS 14701 SUNSET LANE CITY-ST-2IP CITY-ST-ZIP FORT LAUDERDALE FL C Delute-Addition -117. 7 FYFFE, BEVERLY STREET ADDRESS STREET ADDRESS 14701 SUNSET LANE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL THE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Addition ☐ Delete BILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Daytime Phone #