## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # K88587**



## **FILED** Apr 10, 2008 8:00 am Secretary of State

Daytime Phone #

POWERLINE ELECTRIC OF INDIAN RIVER COUNTY, INC.					04-10-2008 90021 004 ***150.00			
Principal Place	e of Business	Mailing Address		7				
7595 85TH STREET VERO BEACH, FL 32967 US		PO BOX 700186 Wabasso, FL 32970		• •				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. 03262008	3262008 Chg-P CR2E034 (12/06)			
City & State		City & State			4. FEI Number Applied For 65-0131796 Not Applicable			
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	litional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name RENTSCHLER, RICHARD Street Address (P.O. Box Number is Not Acceptable)				
1327 NOR	ORDE, RENE G. TH CENTRAL AVENUE .N, FL 32958		Street Address	s (P.O. Box Numbe	er is Not Acceptable	))		
OLDAOTAN, I E OZOGO			759	7595 85 STREET				
				T595 85 TREET  City VERO BEACH  FL Zip Code 32967				
8. The above named entity submits this statement for the purpose of changing its registered office or registered								
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.1  Trust Fund Contribution.								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
TITLE	PTD BIGUADD W	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	RENTSCHLER, RICHARD W. 7595 85TH ST.		NAME STREET ADDRESS					
CITY-ST-ZIP	VERO BEACH, FL		CITY-ST-ZIP				ļ	
TITLE	VSD	☐ Delete	TITLE			☐ Change	Addition	
NAME	RENTSCHLER, MARY ANN		NAME					
STREET ADDRESS CITY-ST-ZIP	7595 85TH ST VERO BEACH, FL 32967		STREET ADDRESS CITY+ST-ZIP				,	
TITLE	VERO BEACH, PE 32907	□ Delete	TITLE			☐ Change	☐ Addition	
NAME		_ Delete	NAME			onunge	7,000(1011	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		-	☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	<u></u>	□ Delete	TITLE			☐ Change	☐ Addition	
NAME		LJ Delete	NAME			L_1 Glighige	Audition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			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 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 all other like empowered.								

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: