



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90020 024 \*\*\*150.00

<b>DOCUMENT # K93909</b> 1. Entity Name <b>POWER SEALING SERVICES, INC.</b>																										
Principal Place of Business <b>2901 DANESE ST</b> <b>JACKSONVILLE, FL 32206 US</b>			Mailing Address <b>1721 E ADAMS ST</b> <b>JACKSONVILLE, FL 32202 US</b>																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>2901 Danese ST</b> Suite, Apt. #, etc.																								
City & State Zip      Country		City & State <b>Jacksonville, FL 32206</b> Zip      Country <b>32206 Duval</b>		4. FEI Number <b>26-5047233</b>																						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																						
6. Name and Address of Current Registered Agent <b>EDENS, GARY</b> <b>1721 E ADAMS STREET</b> <b>JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Edens, Gary</b> Street Address (P.O. Box Number is Not Acceptable) <b>2901 Danese ST</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32206</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: <i>Gary S. Edens Pres.</i> DATE: <i>2/27/07</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>EDENS, GARY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>2838 MADRID AVE.</b></td> <td></td> </tr> <tr> <td></td> <td><b>JACKSONVILLE, FL</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>EDENS, GARY</b>		CITY-ST-ZIP	<b>2838 MADRID AVE.</b>			<b>JACKSONVILLE, FL</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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 an address, with all other like empowered.																										
SIGNATURE: <i>Gary S. Edens</i> <small>Signature and typed or printed name of signing officer or director</small>				Date: <i>2/27/07</i> Daytime Phone #: <i>904 568 1688</i>																						