

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 014 ***150.00

DOCUMENT # L63604

1. Entity Name
POWERHOUSE TWO, INC.



40014363

Principal Place of Business
**120 N. WEST CROWN POINT ROAD
#105
WINTER GARDEN, FL 34787 US**

Mailing Address
**120 N. WEST CROWN POINT ROAD
#105
WINTER GARDEN, FL 34787 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**120 W. CROWN POINT RD
#105
Winter Garden FL
34787 USA**

01092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3760383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRODERSEN, DANILE N
2601 TECHNOLOGY DRIVE
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent
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, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY - ST - ZIP	D JOWERS, GERALD 13178 W COLONIAL DR WINTER GARDEN, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOWERS, SANDRA M 13178 E. COLONIAL DR. WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WIRBEL, DAWN C 120 N. WEST CROWN POINT RD. #105 WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPG WIRBEL, THOMAS E 120 N. WEST CROWN POINT RD. #105 WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Addition

*This was orig.
Form sent w/check.
I copied info
on form attached.
???*

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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

1-9-07 407-654-3407

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 63604	
1. Entity Name POWERHOUSE TWO, INC	

ATTACHMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 120 W. CROWN PT. RD Suite, Apt. #, etc. #105	3. Mailing Address SAME AS #2 Suite, Apt. #, etc.
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40014363

DO NOT WRITE IN THIS SPACE

City & State WINTER GARDEN, FL.	City & State	4. FEI Number 59-3760383	Applied For ☐ No; Applicable
Zip 34787	Country USA	Zip	Country
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

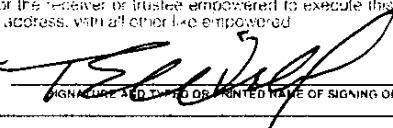
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and fee, if applicable) (Typed Registered Agent's name, if no fee is required) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing True: Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWERS, GERALD 13178 W. COLONIAL DR WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWERS, SANDRA 13178 W. COLONIAL DR. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIRBEL, DAWN C. 120 W. CROWN PT. RD #105 WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DYPG WIRBEL, THOMAS E 120 W. CROWN PT RD #105 WINTER GARDEN, FL 34787	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		TITLE 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 on an attachment with an address, with all other like employment.

SIGNATURE:  **2-5-07 407-654-5451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)