## 2008 FOR PROPERTION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L66377

1. Entity Name

BACK-UP POWER SERVICES, INC.



Principal Place of Business Mailing Address

1911 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804 1911 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804 FILED Jan 11, 2008 08:00 Al Secretary of State



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3015160

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, ANTHONY 12441 BOHANNON BOULEVARD ORLANDO, FL 32824

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	named entity submits this statement for the plans of registered agent.	urpose of changing its reg	istered office or re	egistered agent, or bot	th, in the State of Florida. I am lamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and later	f applicable (NOTE: Reg	gistered Agent signalure	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABRERA, ANTHONY 12441 BOHANNON BOULEVARD ORLANDO, FL				U00000780431 01/14/08-80021-025 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filing does not quality 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 chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/08

407.839.0522

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