2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2004 08:00 AM DOCUMENT # M82467 **Secretary of State** 1. Entity Name GLOBAL POWER RESOURCES, INC. Principal Place of Business Mailing Address P.O. BOX 1065 7710 SE CR 346 MICANOPY, FL 32667 MICANOPY, FL 32667 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3268020 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MESSER, JOE W DO NOT WRITE 7710 SE CR 346 MICANOPY, FL 32667 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 20 BRE MESSER, JOE W NAME STREET ADDRESS 7710 SE CR 346 MICANOPY', FL 32667 CTY-57-72 MILE VD MESSER, JANET Z NALSE STREET ADDRESS 7710 SE CR 346 1000000101276 04/02/04-80006-014 150.00 CRTY-ST-ZIP MICANOPY, FL 32667 BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP RITLE STREET ADDRESS

12. Thereby 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 Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-SI-ZIP

BILE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURAND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

3-29-04

<u>352-466-0602</u>

Daytime Phone #

FILED