

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 019 ****61.25

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07082005 Chg-NP CR2E037 (10/03)

DOCUMENT # N12863 1. Entity Name FLORIDA ANTIQUE POWER CLUB, INC.																																																																																																																																							
Principal Place of Business DAN SWEET 630 KIRKWOOD TERRACE N ST PETERSBURG, FL 33701 US		Mailing Address DAN SWEET 630 KIRKWOOD TERRACE N ST PETERSBURG, FL 33701 US																																																																																																																																					
2. Principal Place of Business DICK WOLFERT Suite, Apt. #, etc. 18514 Coats St City & State Spring Hill, FL Zip 34610 Country USA		3. Mailing Address DICK WOLFERT Suite, Apt. #, etc. 18514 Coats St City & State Spring Hill, FL Zip 34610 Country USA																																																																																																																																					
4. FEI Number 59-2637240		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent SWEET, DAN 630 KIRKWOOD TERRACE NORTH ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name BONNIE L BOWEN Street Address (P.O. Box Number is Not Acceptable) 6145 Cedar St NE City St. Petersburg FL Zip Code 33703																																																																																																																																					
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>Bonnie L Bowen, Sec/Director</i> BONNIE L BOWEN 7-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																																							
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																							
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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 617, 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>Bonnie L Bowen, Sec/Director</i> BONNIE L BOWEN 7-10-05 (921) 576-6117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																							