

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00539

Entity Name: POWER SYSTEMS INC. OF FLORIDA

**FILED**  
**Feb 25, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1417 CHAFFEE DR  
9  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1417 CHAFFEE DR  
9  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 58-1476289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, TODD R P  
1417 CHAFFEE DR  
9  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, TODD R P  
Address: 1417 CHAFFEE DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: VP ( ) Delete  
Name: SMITH, CRAIG VP  
Address: 1417 CHAFFEE DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: TS ( ) Delete  
Name: PAYNE, RICK TS  
Address: 1417 CHAFFEE DR  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PETERSON, ROHN VP  
Address: 1417 CHAFFEE DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: TS (X) Change ( ) Addition  
Name: SMITH, PHYLLIS F TS  
Address: 1417 CHAFFEE DR  
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD R SMITH

P

02/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date