

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000064610 1. Entity Name GLOBAL POWER LOGISTICS, INC.	
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Principal Place of Business 120 S. HOLIDAY ROAD DESTIN, FL 32550	Mailing Address 120 S. HOLIDAY ROAD DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEL Number 59-3728945	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONERLY, LAMAR A JR.
4481 LEGENDARY DRIVE
#200
DESTIN, FL 32541**

**DO NOT WRITE
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 fee if applicable. (NOTE: Registered Agent's signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUELLER, THOMAS 120 S. HOLIDAY ROAD DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPELLETTI, RONALD 4421 COMMONS DRIVE EAST #152 DESTIN, FL 32541
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05/04/04-80089-014 158.75

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: Ronald Cappelletti 4-29-04 850-201-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR