

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095352

FILED
Feb 22, 2004
Secretary of State

Entity Name: POWERSALES & MARKETING, INC.

Current Principal Place of Business:

PO BOX 9224
BRADENTON, FL 342069224

New Principal Place of Business:

Current Mailing Address:

PO BOX 9224
BRADENTON, FL 342069224

New Mailing Address:

FEI Number: 65-1147542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, LILLI S
9815 SWEETWATER AVE
BRADENTON, FL 34202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, JAMES T
Address: 9815 SWEETWATER AVE
City-St-Zip: BRADENTON, FL 34202

Title: VP () Delete
Name: POWERS, LILLI S
Address: 9815 SWEETWATER AVE
City-St-Zip: BRADENTON, FL 34202

Title: S () Delete
Name: POWERS, TRAVER J
Address: 4605 DEANSCROFT DR
City-St-Zip: CHARLOTTE, NC 28226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES T POWERS

P

02/22/2004

Electronic Signature of Signing Officer or Director

_____ Date