


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90100 004 ***150.00

DOCUMENT # P02000011528

1. Entity Name
THE SECOND POWER, INC.



Principal Place of Business
**2608 WEST CANAL STREET NORTH
 BELLE GLADE FL 33430**

Mailing Address
**P.O. BOX 1425
 BELLE GLADE FL 33430**



2. Principal Place of Business - No P.O. Box #
2608 W Canal St. North

3. Mailing Address
PO Box 1425

Suite, Apt. #, etc.
Belle Glade FL 33430

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Belle Glade FL

City & State
Belle Glade FL

Zip
33430

Country
USA

Zip
33430

Country
Palm Beach

4. FEI Number **80-0036450**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, KENNETH M
 GUNSTER YOAKLEY & STEWART PA
 777 SOUTH FLAGLER DRIVE SUITE 500E
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS G. JOHNSON	
STREET ADDRESS	2608 WEST CANAL STREET NORTH	
CITY - ST - ZIP	BELLE GLADE FL 33430	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLENN P. BENDECK	
STREET ADDRESS	258 MIRA FLORES DRIVE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARY CLAIRE JOHNSON	
STREET ADDRESS	6608 MONMOUTH ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE: *Thomas G. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07 561 996 9029

Date Daytime Phone #