

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90291 013 \*\*\*150.00

CUU42338



04192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000066315</b> 1. Entity Name <b>POWR SCRUB OF DESTIN, INC.</b>					
Principal Place of Business <b>33B MAGNOLIA AVE SW FT WALTON BCH, FL 32548</b>			Mailing Address <b>PO BOX 176 DESTIN, FL 32540</b>		
2. Principal Place of Business <b>32 BISHOP AVE. NW</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>FT. WALTON BCH., FL.</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>42-1539718</b>	
Zip <b>32548</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLLINS, TIMOTHY D 33B MAGNOLIA AVE SE FT WALTON BCH, FL 32548</b>				7. Name and Address of New Registered Agent Name <b>COLLINS, TIMOTHY, D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>32 BISHOP AVE. NW</b> City <b>FT. WALTON BCH. FL</b> Zip Code <b>32548</b>	
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 <b>TIMOTHY COLLINS PRESIDENT 18APROS</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, TIMOTHY O 33B MAGNOLIA AVE SE FT. WALTON BCH, FL 32548 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT COLLINS, TIMOTHY, D. 32 BISHOP AVE NW FT. WALTON BCH, FL. 32548 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: <b>TIMOTHY COLLINS 18APROS (850) 0963</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					