


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000071628**

1. Entity Name  
**THERMAL POWER CORPORATION, INCORPORATED**



Principal Place of Business <b>411 SHEARER BLVD COCOA, FL 32926</b>	Mailing Address <b>P.O. BOX 1923 COCOA, FL 32923</b>
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FILED  
07 NOV -7 AM 10: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

REINSTATEMENT

0509700 11/02/034 (11/05) 07

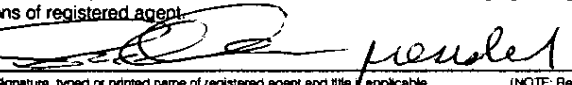
4. FEI Number <b>33-1020088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**O'CONNOR, PATRICK  
411 SHEARER BLVD  
COCOA, FL 32922**

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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:  *Patrick O'Connor* 11-2-07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

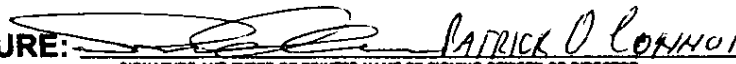
**10. OFFICERS AND DIRECTORS**

TITLE	P	O'CONNOR, PATRICK L
NAME		O'CONNOR, PATRICK L
STREET ADDRESS		411 SHEARER BLVD
CITY - ST - ZIP		COCOA, FL 32922
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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11/07/07--01024--019 \*\*758.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  *Patrick O'Connor* 11-2-07 721-635-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #