

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90082 016 \*\*\*150.00

DOCUMENT # P02000092953

1. Entity Name  
POWER RESOURCE GROUP, INC.



40100000-

Principal Place of Business  
820 FOXHALL  
LAKELAND, FL 33813

Mailing Address  
820 FOXHALL  
LAKELAND, FL 33813

2. Principal Place of Business - No P.O. Box #  
1007 Rolling Woods Ln.  
Suite, Apt. #, etc.

3. Mailing Address  
1007 Rolling Woods Ln.  
Suite, Apt. #, etc.



04252007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
56-2355292

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN, JOHN  
820 FOXHALL  
LAKELAND, FL 33813

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1007 Rolling Woods Lane  
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 changing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SLIDER, LONNIE  
STREET ADDRESS 3701 HICKORY RIDGE CT  
CITY-STATE-ZIP MARIETTA, GA 30066 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VSTD  
NAME DEAN, JOHN  
STREET ADDRESS 820 FOXHALL  
CITY-STATE-ZIP LAKELAND, FL 33803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1007 Rolling Woods Lane  
CITY-STATE-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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: John M. Dean  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Dean 4/29/07  
Date 863-255-2486  
Daytime Phone #