


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104968 1. Entity Name POWER LOGISTICS, INC.		
Principal Place of Business 2711 CLUBHOUSE DR PLANT CITY, FL 33566	Mailing Address PO BOX 4050 PLANT CITY, FL 33563	
DO NOT WRITE IN THIS SPACE		



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1427358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YARBROUGH, MARK 2711 CLUBHOUSE DR PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YARBROUGH, MARK 2711 CLUBHOUSE DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TODD, BILL 4524 OAK RIVER CIR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TODD, KIM 4524 OAK RIVER CIR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YARBROUGH, LORI 2711 CLUBHOUSE DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/04-80133-020 150.00

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IN THIS SPACE**

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: Lori Yarbrough Lori Yarbrough, Treasurer 4/26/04 813-681-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #