


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90036 041 \*\*\*150.00

<b>DOCUMENT #</b> P02000108593	
<b>1. Entity Name</b> POWER SOURCE ELECTRIC UNLIMITED, INC.	

<b>Principal Place of Business</b> 829 DUNBAR TERRACE WINTER SPRINGS, FL 32708	<b>Mailing Address</b> 829 DUNBAR TERRACE WINTER SPRINGS, FL 32708
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<b>2. Principal Place of Business</b> 452 Oakhurst Suite, Apt. #, etc.	<b>3. Mailing Address</b> 452 OAK HURST Suite, Apt. #, etc.
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01032005 Chg-P CR2E034 (10/03)

<b>City &amp; State</b> ALTAMONTE SPRINGS, FL	<b>City &amp; State</b> ALTAMONTE SPRINGS, FL
<b>Zip</b> 32701	<b>Country</b>
<b>Zip</b> 32701	<b>Country</b>

<b>4. FEI Number</b> 13-4215796	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MOYER, KENNETH G 829 DUNBAR TERR WINTER SPRINGS, FL 32708
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<b>7. Name and Address of New Registered Agent</b>  Name MOYER, KENNETH G. Street Address (P.O. Box Number is Not Acceptable)  452 OAKHURST City ALTAMONTE SPRINGS FL Zip Code 32701
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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** Kenneth Moyer **DATE** 1/3/05  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPST MOYER, KENNETH G 829 DUNBAR TERR WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPST MOYER, KENNETH G. 452 OAKHURST ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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:** Kenneth Moyer, President KM 1/3/05 407-427-0447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debiting Price #