FOR PROFIT CORPORATION ----**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000132472

1. Entity Name

DWFD



FILED 03 DEC 22 PH 3: 44 TALLAHASSEE, FLORIDA

| LWEK | , IRC. | | | | - MoM |
|---|---|--|---|--|--|
| | DO NOT WRI | TE IN THIS S | Hill Triple of Charles and the property of | | y¥. |
| 2 Principal F | loca of Puninger | 3. Mailing Address | | REINSTATEM | FMT 03 |
| 2. Principal Place of Business 5861 12th Avenue SW | | 5861 12th A | venue SW | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & Stat Naples | s, FL 34116 | Napies, FL | 34116 | 4. FEI Number 20-0478873 | Applied For Not Applicable |
| Zip 34116 | Country | . 3411.6 | Country USA | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | 7. Name and Address of Current Reg | gistered Agent |
| | DOMOT | M/DITE: | Name Rosi | | |
| *6.64 · · · · · | DO NOT | Capacita Call Control of Mark Capacita | Street Address | P.O. Box Number is Not Acceptable) TH Avenue SW | |
| | IN THIS S | SPACE | 3001 12 | allulation | |
| | | | City | <u> 12/22/0301063-</u> | |
| | | | Civaples | | FL Zig Code 16 |
| | named entity submits this statemer ions of registered agent. | ent for the purpose of changing | its registered office or registe | red agent, or both, in the State of Florida | a. I am familiar with, and accept |
| SIGNATURE | Hamil | Whom | | | /11/03 |
| Já | Signature Typed or printed name of legistered | | OTE: Registered Agent signature require | d when reinstating) | DATE |
| | After May 1, Fee Is \$550.00 | A CONTROL OF THE CONT | | Election Campaign Financ Trust Fund Contribution. | ing \$5.00 May Be |
| Make Check | Payable to Florida Departmen | nt of State | | | Added to rees |
| 10. | | AND DIRECTORS | | | |
| TITLE NAME | PTD Patriol | - W | TITLE | | |
| STREET ADDRESS | Rose, Patrick 5861 12th Avenu | e SW | STREET ADDRESS | | |
| CITY-ST-ZIP | Naples, FL 341 | | COTY-ST-ZIP | | Break British British B |
| TITLE | VSD | | TITLE | | |
| NAME STREET ADDRESS | Rose, Erin L. | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | 5861 12th Avenu | | City-St-Zip | and the second of the second o | |
| | Nanies Fl. (41) | 16 | Ulli*31-ZP 5 | | |
| TITLE | Naples, FL 341 | 16 | TITLE | | |
| NAME - | Naples, Fl. 341 | <u></u> | TITLE NAME | ng 18. ng milion and ang managan sign | All Control of the Co |
| | Naples, FL 341 | | TITLE | DO NOT W | /PITE |
| NAME STREET ADDRESS | Naples, FL 341 | | TITLE NAME STREET ADDRESS | DO NOT W | /RITE |
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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)s 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/03 239-398-8480



December 10, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 34302-1500

Re:

PWER, INC. Patrick W. Rose 944 Belville Blvd. Naples, FL 34104

den Wite

Please find attached the annual report for the year 2003 for the above mentioned client. Also enclosed is a check in the amount of \$150 to cover the annual filing fees.

The Corporation changed its mailing address and Mr. Rose never received the annual report for this year. Therefore, we request that any late fee for the year 2003 be waived.

Any further questions regarding this matter can be directed to me at this office Monday through Friday, between the hours of 11:00 A.M. and 5:00 P.M.

Sincerely,

Helen Watson

President

HW/jaa

Attachment