

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032690

FILED  
Sep 08, 2004  
Secretary of State

Entity Name: UNLIMITED POWER PRODUCTIONS, INC.

**Current Principal Place of Business:**

4313 E. OSBORNE AVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290527  
TAMPA, FL 33687

**New Mailing Address:**

FEI Number: 56-2336736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIS, EDWARD K  
4313 E. OSBORNE AVE  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: HARRIS, EDWARD K  
Address: 4313 E. OSBORNE AVE  
City-St-Zip: TAMPA, FL 33610

Title: P ( ) Delete  
Name: GREEN, DEBRA  
Address: 3709 E. CRENSHAW ST  
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete  
Name: SHIPMON, SHIRLEY A  
Address: 908 NINA ELIZABETH CIRCLE #202  
City-St-Zip: BRANDON, FL 33510

Title: 2VP ( ) Delete  
Name: SMITH, DEREK  
Address: 14037 CLUB HOUSE CIRCLE #3702  
City-St-Zip: TAMPA, FL 33624

Title: TRES ( ) Delete  
Name: GRACE, MARY K  
Address: 2603 E. GENESSEE ST  
City-St-Zip: TAMPA, FL 33610

Title: SECY ( ) Delete  
Name: CLARK, SHERYL J  
Address: 3707 E. YUKON ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA GREEN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

09/08/2004

\_\_\_\_\_ Date