


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000053699		
1. Entity Name POWERTEK, INC.		
Principal Place of Business 1617 HARRISON ST. HOLLYWOOD, FL 33020		Mailing Address 1617 HARRISON ST. HOLLYWOOD, FL 33020
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HULSE, EDESEL B JR 1617 HARRISON ST. HOLLYWOOD, FL 33020		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PSD	
NAME	HULSE, EDESEL B JR.	
STREET ADDRESS	1617 HARRISON ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 33020	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>Edsel B. Hulse, Jr.</u> EDSEL B. HULSE, JR FEB 2006 954-920-1647		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3897467

Applied For
Not Applicable

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

U00000427121
02/20/06-80072-001 150.00

DO NOT WRITE
IN THIS SPACE