

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000085994

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** POWER PLUS ENTERPRISES, INC.

**Current Principal Place of Business:**

6701 E. SMOOTH BORE AVE.  
GLEN ST. MARY, FL 32040

**New Principal Place of Business:**

**Current Mailing Address:**

6701 E. SMOOTH BORE AVE.  
GLEN ST. MARY, FL 32040

**New Mailing Address:**

P.O. BOX 24  
CALLAHAN, FL 32011

**FEI Number:** 54-2120070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLBROOKS, E A  
6701 E. SMOOTH BORE AVE.  
GLEN ST. MARY, FL 32040 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

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** HOLBROOKS, E A  
**Address:** 6701 E. SMOOTH BORE AVE.  
**City-St-Zip:** GLEN ST. MARY, FL 32040

**Title:** DIR  
**Name:** HOLBROOKS, PRISCILLA  
**Address:** 6701 E. SMOOTH BORE AVE.  
**City-St-Zip:** GLEN ST. MARY, FL 32040

**Title:** S  
**Name:** HOLBROOKS, CHARITY R  
**Address:** 6701 E. SMOOTH BORE AVE.  
**City-St-Zip:** GLEN ST. MARY, FL 32040

I hereby 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 all other like empowered.

**SIGNATURE:** PRISCILLA HOLBROOKS

DIR

04/26/2012

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

\_\_\_\_\_  
Date