


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90088 029 \*\*\*150.00

**DOCUMENT # P04000059144**

1. Entity Name  
**POWERTEL BORING, INC.**



Principal Place of Business      Mailing Address  
 3103 KEYSTONE PT CT      3103 KEYSTONE PT CT  
 ST CLOUD, FL 34772      ST CLOUD, FL 34772

2. Principal Place of Business      3. Mailing Address  
**6233 Lake Lizzie Dr**      **6233 Lake Lizzie Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



City & State      City & State  
**St. Cloud, FL**      **St. Cloud, FL**  
 Zip      Country      Zip      Country  
**34771**           **34771**           **34771**           **34771**           **34771**           **34771**           **34771**           **34771**           **34771**

04292005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**52-2444484**      Not Applicable

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

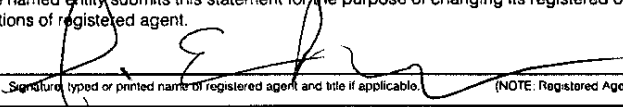
**6. Name and Address of Current Registered Agent**

**POULIN, PATRICK**  
**601 ALABAMA AVE**  
**ST CLOUD, FL 34769**

**7. Name and Address of New Registered Agent**

Name      **Patrick Poulin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6233 Lake Lizzie Drive**  
 City      **St. Cloud**      FL      Zip Code      **34771**

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:       DATE: **4-29-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

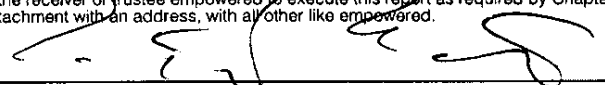
**10. OFFICERS AND DIRECTORS**

TITLE	DPS	<input type="checkbox"/> Delete
NAME	POULIN, PATRICK	
STREET ADDRESS	3103 KEYSTONE PT CT	
CITY-ST-ZIP	ST CLOUD, FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poulin, Patrick	
STREET ADDRESS	6233 Lake Lizzie Drive	
CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       Date: **4-29-05**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR