


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90041 032 \*\*\*150.00

**DOCUMENT # P04000062559**

1. Entity Name  
**PWR GROUP, INC.**



Principal Place of Business  
**15204 HEATHRIDGE DRIVE  
 TAMPA, FL 33624**

Mailing Address  
**15204 HEATHRIDGE DRIVE  
 TAMPA, FL 33624**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.


3. Mailing Address  
**865 PALM OAK DR.**  
 Suite, Apt. #, etc.

City & State  
**APOPKA**

City & State  
**APOPKA**

Zip  
**32712**

Country  
**USA**



02192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**90-0187017**

Applied For  
 Not Applicable

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

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

**WARREN, WILLIAM H JR.  
 15204 HEATHRIDGE DRIVE  
 TAMPA, FL 33624**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	PERONTI, VICTOR M	865 PALM OAK DRIVE	APOPKA, FL 32712	<input type="checkbox"/>
STD	WARREN, WILLIAM H JR.	15204 HEATHRIDGE DRIVE	TAMPA, FL 33624	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: \_\_\_\_\_ Date: **3-2-07** Daytime Phone #: **(813) 370-5889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR