

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

05-02-2005 90543 008 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

STATEMENT # P04000068612

POWER, INC.



66024185



03162005 Chg-P CR2E034 (10/03)

1. Principal Place of Business 2652 SE PIGGYBACK ROAD ARCADIA, FL 34266		Mailing Address 2652 SE PIGGYBACK ROAD ARCADIA, FL 34266	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-1036099</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, DEIRDRE 2652 SE PIGGYBACK ROAD ARCADIA, FL 34266		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, DEIRDRE 2652 SE PIGGYBACK ROAD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WILLIS, CAREY D 2652 SE PIGGYBACK ROAD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone #

ATTACHMENT  
TO: Jan DeLeon

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fax: 767-0735 # P04000068612



Account: 1132784  
Name: D & C Power Inc

Address: 2652 SE Piggyback Rd  
Arcadia, FL 34266

14014743 1061

D & C POWER, INC.  
P.O. BOX 990-1434  
2652 SE PIGGYBACK RD  
ARCADIA, FL 34266

Date 04/29/05

PAY to the order of Florida Dept of State \$ 150.00  
One hundred fifty and no/100 dollars

Westchula State Bank  
WESTCHULA, FLORIDA 34285  
BRIDGE & LANE  
800-777-7777  
or 904-241-1434

for Doc fee

Dwight Willis

0131415216  
05178005  
0630-0019-9-22  
EXT-1344 780-4335:PK-03

2005  
MAY 12 2005

DEPARTMENT OF STATE  
FOR DEPOSIT ON  
ACCT. 10000000000000000000

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