

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000010999

1. Entity Name
POWERHOUSE CONSTRUCTION OF ST. AUGUSTINE,
INC.



Principal Place of Business
15 COQUINA AVE
ST AUGUSTINE, FL 32080

Mailing Address
15 COQUINA AVE
ST AUGUSTINE, FL 32080



03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2237130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWERS, GLEN
15 COQUINA AVE
ST AUGUSTINE, FL 32080

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME POWERS, GLEN
STREET ADDRESS 15 COQUINA AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE S
NAME POWERS, JENNIFER
STREET ADDRESS 15 COQUINA AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE T
NAME MILLER, ROGER
STREET ADDRESS 575 JOSIAH ST
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000701925
04/20/07-80077-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Glen A Powers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.9.07 904-377-6122