

**FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P05000118511

### 1. Entity Name

FLA. GENERATORS PLUS, INC.



FILED

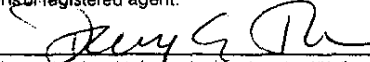
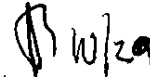
07 OCT 26 AM 9:00

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

1st MOORE

CR2E034 (10/05)

Principal Place of Business		Mailing Address		DEPARTMENT OF STATE 111 MANASSAHE, FLORIDA	
		7006 Atlantic Blvd. Jacksonville FL. 32211-8706		<h1 style="margin: 0;">REINSTATEMENT</h1> <span style="font-size: 2em; margin-left: 10px;">07</span>	
2. Principal Place of Business 12213 Winstead Rd.		3. Mailing Address 7006 Atlantic Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FE# Number 20-3361111	
Zip 32220		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
		Name DEVRY DEWAN CPA			
		Street Address (P.O. Box Number is Not Acceptable) 7006 Atlantic Blvd.			
		City Jacksonville FL Zip Code 32211-8706			
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 		DEVRY E. Dewan CPA		4/22/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FEE: \$100.00 ADDITIONAL: \$50.00 TOTAL: \$150.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CLYDE BARNES JR. <input type="checkbox"/> Delete STREET ADDRESS 12213 Winstead Rd. CITY-ST-ZIP Jacksonville, FL. 32220			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 700110328707 CITY-ST-ZIP 10/05/07--01014--020 ***150.00		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS  CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

On 10/10/2011

Daytime Phone # \_\_\_\_\_

This was  
Really a  
hard ship for  
me. I am  
sending this under  
protest.

I did not  
receive your  
tiny little form  
in mail because  
we moved.

See letter  
I sent