

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90024 025 ***158.75

DOCUMENT # P05000124539 1. Entity Name SPOKES AND POWER INC.					
Principal Place of Business 17953 SAN CARLOS BLVD. FT. MYERS, FL 33931			Mailing Address 12021 CACTUS DR. S.W. FT. MYERS, FL 33908		
2. Principal Place of Business 17953 SAN CARLOS BLVD Suite, Apt. #, etc. #3		3. Mailing Address Suite, Apt. #, etc. City & State FT. MYERS BEACH FL			
City & State FT. MYERS BEACH FL		City & State 		4. FEI Number 51-0553509	
Zip 33931		Country USA		Zip Country 	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07042006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent REHFUSS, PHILLIP C SR. 15860 PINE RIDGE RD. 201 FT. MYERS, FL 33908			7. Name and Address of New Registered Agent Name REHFUSS, PHILLIP C., SR. Street Address (P.O. Box Number is Not Acceptable) 17953 SAN CARLOS BLVD #3 City FT. MYERS BEACH FL Zip Code 33931		
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 <u><i>Phillip C. Rehfuß Sr</i></u> DATE <u><i>7-5-06</i></u> <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REHFUSS, PHILLIP C SR. 12021 CACTUS DR.S.W. FT. MYERS, FL 33908 <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	VP CAPLE, KIRSTEN H 12021 CACTUS DR. S.W. FT. MYERS, FL 33908 <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 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. KIRSTEN H. CAPLE					
SIGNATURE: <u><i>Kirsten H. Caple</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>7-5-06</i></u> Daytime Phone # <u><i>239-489-1933</i></u>		