2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90045 037 ***150.00

DOCUMENT # P05000124539

1. Entity Name
SPOKES AND POWER INC.

Principal Place of Business	Mailing Address
17671 SAN CARLOS BLVD. SUITE #1 FT. MYERS FL 33931	12021 CACTUS DR. FT. MYERS FL 33908
same	same

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
17671 SAN CARLOS BLVD.		12021 CACTUS DR.	
Suite, Apt. #, etc.: SUITE #1		Suite, Apt. #, etc.	
City & State: FT. MYERS BEACH FL		City & State: FT. MYERS FL	
Zip: 33931	Country: USA	Zip: 33908	Country: USA

1st MOORE CR2E034 (10/07)

4. FEI Number: 51-0553509 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REHFUSS, PHILLIP C SR.
17953 SAN CARLOS BLVD #3
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name: same
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 Phillip Rehfuss Sr PHILLIP C. REHFUSS, SR. 1-23-08
(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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	REHFUSS, PHILLIP C SR.	
STREET ADDRESS	12021 CACTUS DR.S.W.	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VP	☐ Delete
NAME	CAPLE, KIRSTEN H	
STREET ADDRESS	12021 CACTUS DR. S.W.	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Phillip Rehfuss Sr PHILLIP C. REHFUSS, SR. 1-23-08 239-489-1353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #