

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140049

FILED
Jan 31, 2007
Secretary of State

Entity Name: AUXILIARY POWER SYSTEMS OF WEST FLORIDA, INC.

Current Principal Place of Business:

944 FAL BRANCH RD
REMLAP, AL 35133

New Principal Place of Business:

503 WEST DETROIT BLVD
PENSACOLA, FL 32534

Current Mailing Address:

944 FAL BRANCH RD
REMLAP, AL 35133

New Mailing Address:

944 FALL BRANCH RD
REMLAP, AL 35133

FEI Number: 20-3625374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET SUITE 1
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, DONALD E
Address: 898 FALL BRANCH RD
City-St-Zip: REMLAP, AL 35133

Title: D () Delete
Name: SMITH, PRINCESS G
Address: 898 FALL BRANCH RD
City-St-Zip: REMLAP, AL 35133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. SMITH

PRES

01/31/2007

Electronic Signature of Signing Officer or Director

Date