

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000152470

1. Entity Name  
ENERGIZED POWER SYSTEMS, INC.



FILED

08 AUG 29 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1568 SE SOUTH NIEMEYER CIRCLE  
PORT ST. LUCIE, FL 34952

Mailing Address  
1568 SE SOUTH NIEMEYER CIRCLE  
PORT ST. LUCIE, FL 34952

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06212008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-1779320

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COWDELL, WILL H  
163 SE OSPREY RIDGE  
PORT ST. LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name Michael Flaxman  
Street Address (P.O. Box Number is Not Acceptable)  
6126 NW Durian St  
Pt St Lucie, FL 34986  
City FL Zip Code

CC SEP 04 2008

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.

President

(NOTE: Registered Agent signature required when reinstating)

7/31/08

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COWDELL, WILL H  
STREET ADDRESS 163 SE OSPREY RIDGE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984 ☒ Delete

TITLE VD  
NAME FLAXMAN, MICHAEL  
STREET ADDRESS 6126 NW DURIAN ST.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986 ☐ Delete

TITLE TD  
NAME COWDELL, WILL H  
STREET ADDRESS 163 SE OSPREY RIDGE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984 ☒ Delete

TITLE SD  
NAME COWDELL, WILL H  
STREET ADDRESS 163 SE OSPREY RIDGE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Michael Flaxman ☒ Change ☒ Addition  
NAME Michael Flaxman  
STREET ADDRESS 6126 NW Durian St.  
CITY-ST-ZIP Pt St Lucie, FL 34986

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100135116041  
08/29/08--01014--007 \*\*105.00

TITLE TD Michael Flaxman ☒ Change ☐ Addition  
NAME Michael Flaxman  
STREET ADDRESS 6126 NW Durian St  
CITY-ST-ZIP Pt St Lucie, FL 34986

TITLE SD Michael Flaxman ☒ Change ☐ Addition  
NAME Michael Flaxman  
STREET ADDRESS 6126 NW Durian St  
CITY-ST-ZIP Pt St Lucie, FL 34986

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08

Date

772-398-4448

Daytime Phone #