

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P34149

1. Entity Name
POWER ENGINEERS, CONSULTING, INC.



Principal Place of Business
3940 GLENBROOK DRIVE
HAILEY, ID 83333

Mailing Address
P.O. BOX 1066
HAILEY, ID 83333



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0324246

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SYSTEM COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000089627
03/15/04-80039-018 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HAND, JACK
3940 GLENBROOK DR.
HAILEY, ID 83333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CB
POLLOCK, RANDALL L.
3940 GLENBROOK DR.
HAILEY, ID 83333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
JAMES, JAN
3940 GLENBROOK DR.
HAILEY, ID 83333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CAVANAUGH, JOHN
3940 GLENBROOK DR.
HAILEY, ID 83333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HALVERSON, FRANK
3940 GLENBROOK DR.
HAILEY, ID 83333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NEIWERT, BARRY
3940 GLENBROOK DRIVE
HAILEY, ID 83333

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

3-4-04 208-788-3456