

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000002746

1. Entity Name
FLO-POWER CORP.



Principal Place of Business
ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH, FL 33401 US

Mailing Address
ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH, FL 33401 US

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0431953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARMANDO A. TABERNILLA
ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH, FL 33401

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARSON, DONALD W
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	CEPERO, GUSTAVO R
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	HERNANDEZ, OSCAR R
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VT
NAME	BLOMQUIST, ERIK J
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVS
NAME	TABERNILLA, ARMANDO A
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/05-800006-003 150.00

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

Armando A. Tabernilla, VP 2/15/05 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #