


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90126 040 \*\*\*150.00

<b>DOCUMENT # P94000039360</b> 1. Entity Name <b>POWDER SYSTEMS, INC.</b>					
Principal Place of Business <b>320 CYPRESS RD SILVER SPRINGS SHORES, FL 34472 US</b>			Mailing Address <b>320 CYPRESS RD OCALA, FL 34472 US</b>		
2. Principal Place of Business		3. Mailing Address <b>120 CYPRESS ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022005    Chg-P    CR2E034 (10/03)	
City & State		City & State <b>OCALA, FL 34472</b>		4. FEI Number <b>59-3248299</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURDOCK, MICHAEL L 14344 SE 131ST PLACE OCKLAWAHA, FL 32183</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7278 SOUTHEAST 12th CIRCLE</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34480</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURDOCK, MICHAEL L</b> <b>14344 S.E. 131 PLACE</b> <b>OKLAWAHA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>LILES, J.KEVIN</b> <b>701 SE 43RD AVE</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			5-2-5 352-68-3555		
SIGNATURE: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		