

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-11-2005 90044 008 ***150.00

DOCUMENT # P94000092968 1. Entity Name POWER COUNTRY, INC.			
Principal Place of Business RT 13 BOX 318 LAKE CITY, FL 32055		Mailing Address P.O. BOX 2529 LAKE CITY, FL 32056-2529	
2. Principal Place of Business 820 NW Frontier Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LAKE CITY Florida Zip 32055		City & State Zip 	
Country USA		Country 	
6. Name and Address of Current Registered Agent PEACOCK, RONALD H RT 13 BOX 318 FRONTIER DR LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Ronald H. Peacock Street Address (P.O. Box Number is Not Acceptable) 206 S. MARLOW Ave City LAKE CITY	
State FL		Zip 32055	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BOLTON, LOUIS D II 3821 COVE DR BIRMINGHAM, AL 35213	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robert Hendrickson</u> 2/18/05 386-755-4102 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

66004090



02012005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3286070

Applied For
Not Applicable

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

Louis D. Bolton II 2/10/05
Rols.