


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000013310

1. Entity Name
POWER VAC CORPORATION



Principal Place of Business Mailing Address

4762 NE 12 AVE **4762 NE 12 AVE**
OAKLAND PARK, FL 33334 **OAKLAND PARK, FL 33334**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0560004 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, STEPHEN B
8142 NORTH UNIVERSITY DR.
TAMARAC, FL 33321

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000636510
 02/26/07-80023-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOECKLER, DANIEL A
STREET ADDRESS	5296 N.E. 1ST AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 333341602
TITLE	DVP
NAME	BOECKLER, DARRON A
STREET ADDRESS	5296 N.E. 1ST AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 333341602
TITLE	S
NAME	BOECKIER, NANCY
STREET ADDRESS	5296 N.E. 1ST AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 333341602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Nancy Boeckler 2/13/07 (954)491-0188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #