

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90047 009 ***150.00

DOCUMENT # P97000094587			
1. Entity Name N-POW-HER OF SEMINOLE, INC.			
Principal Place of Business 8071 BAYHAVEN DR SEMINOLE, FL 33776		Mailing Address 8071 BAYHAVEN DR SEMINOLE, FL 33776	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3477807		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALLMADGE, SUE G 8071 BAYHAVEN DR SEMINOLE, FL 33776		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 this is applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$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	PSTD ☐ Delete TALLMADGE, SUE G 8071 BAYHAVEN DR SEMINOLE, FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Delete STOUFER, WILMER B 829 COUNTY HWY #1084 DEFUNIAK SPRGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Delete HALL, DOUGLAS 8071 BAYHARON DR SEMINOLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Change ☐ Addition Hall, Douglas 8071 Bayhaven Drive SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAWN McLAUGHLAN VPD ☐ Change ☒ Addition 3521 AVOCADO DRIVE LARGO, FL 33720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date: 3/16/04 (727) 393-1524	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	