


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90029 002 \*\*\*150.00

**DOCUMENT # P98000014752**  
 1. Entity Name  
**POWERS PARTNERS, INC.**



Principal Place of Business      Mailing Address  
 937 BIDWOOD DRIVE              937 BIDWOOD DRIVE  
 ORANGE PARK, FL 32073 US      ORANGE PARK, FL 32073 US

90013433



**DO NOT WRITE IN THIS SPACE**

01222005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3528545</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 RAX CO C/O SHARON R HENDERSON  
 50 N LAURA ST STE 3300  
 JACKSONVILLE, FL 32202

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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, DALE J 937 BIRDWOOD DR. ORANGE PARK, FL 32073
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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: *Dale J. Brady*      01/22/05      900264-0845  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #