

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90013 046 \*\*\*150.00

**DOCUMENT # P98000068257**

1. Entity Name  
**POWERPLUS ELECTRIC, INC.**



40016023



01162007 Chg-P CR2E034 (12/06)

Principal Place of Business  
309 S. PALAFOX ST  
PENSACOLA, FL 32501

Mailing Address  
PO BOX 13145  
PENSACOLA, FL 32591

2. Principal Place of Business - No P.O. Box #  
**6160 N. Davis Hwy**  
Suite, Apt. #, etc.  
**98**

3. Mailing Address  
**P.O. Box 11068**  
Suite, Apt. #, etc.

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

4. FEI Number  
**59-3537086**

Applied For  
☐ Not Applicable

Zip  
**32504** Country  
**Escambia**

Zip  
**32504** Country  
**Escambia**

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

## 6. Name and Address of Current Registered Agent

**TIDWELL, DONALD E**  
309 S. PALAFOX ST.  
PENSACOLA, FL 32502

## 7. Name and Address of New Registered Agent

Name  
**SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**6160 N. Davis Hwy Suite 98**  
City  
**Pensacola** **FL** Zip Code  
**32504**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, JOHNNY L 309 S. PALAFOX ST. PENSACOLA, FL 32502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIDWELL, DONALD E 309 S. PALAFOX ST. PENSACOLA, FL 32502	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>6160 N. Davis Hwy Suite 98</b> <b>Pensacola, FL 32504</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>6160 N. Davis Hwy Suite 98</b> <b>Pensacola, FL 32504</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: **Don Tidwell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-07** **850-429-0455**  
Date Daytime Phone #