

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000097583 1. Entity Name POWER PLUS PRODUCTS, INC.					
Principal Place of Business 5688 W. CRENSHAW TAMPA, FL 33634			Mailing Address C/O GREEN CO 5688 W CRENSHAW TAMPA, FL 33634		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3549052	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PINCIARO, SALLY R 5688 W. CRENSHAW TAMPA, FL 33634			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		1000000843647	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT GREEN, JOSEPH T 5688 W CRENSHAW TAMPA, FL 33634	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINCIARO, SALLY R 5688 W CRENSHAW TAMPA, FL 33634	☐ Delete			
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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 names empowered					
SIGNATURE: <u><i>Sally Pinciaro</i></u> <u>SALLY PINCIARO</u> <u>2/25/08</u> <u>813-882-4440</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					