


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90512 049 \*\*\*150.00

<b>DOCUMENT # P99000016098</b>	
1. Entity Name <b>TWIN VEE POWERCATS, INC.</b>	

Principal Place of Business <b>1666 SE VILLAGE GREEN DRIVE PORT ST. LUCIE FL 34952</b>	Mailing Address <b>1650 SE VILLAGE GREEN DR PORT SAINT LUCIE FL 34952</b>
-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

2. Principal Place of Business <b>3101 S. Federal Hwy</b> Suite, Apt. #, etc.:	3. Mailing Address <b>742 SE Essex Dr</b> Suite, Apt. #, etc.:
--------------------------------------------------------------------------------------	----------------------------------------------------------------------

City & State <b>Port St. Lucie, FL</b>	City & State <b>Port St. Lucie, FL</b>
Zip <b>34982</b>	Zip <b>34984</b>
Country <b>St Lucie</b>	Country <b>St Lucie</b>

4. FEI Number <b>65-0896146</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--------------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent <b>DUNSHEE, ROGER 1650 SE VILLAGE GREEN DR PORT SAINT LUCIE FL 34952</b>	
-------------------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent Name <b>Roger Dunshee</b> Street Address (P.O. Box Number is Not Acceptable) <b>742 SE Essex Dr</b> City <b>Port St. Lucie</b> FL Zip Code <b>34984</b>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNSHEE, ROGER Q 742 SE ESSEX DRIVE PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DUNSHEE, DONNA Q 742 SE ESSEX DRIVE PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EAST, DAVID 2389 SE SEAMIST STREET PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:**  **Roger Dunshee** Pre 4-22-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #