

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000017139**

1. Entity Name  
**POWERLINE PARTNERS, INC.**



Principal Place of Business

**3990 NW 9TH AVENUE  
FORT LAUDERDALE, FL 33309**

Mailing Address

**3990 NW 9TH AVENUE  
FORT LAUDERDALE, FL 33309**



02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0910147**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIEMS, STEVEN L  
3990 NW 9TH AVENUE  
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SIEMS, STEVEN L
STREET ADDRESS	3990 N POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VP
NAME	CERRONE, JOSEPH C
STREET ADDRESS	3990 N POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VP
NAME	WESTERVELT, STEVE
STREET ADDRESS	3990 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VP
NAME	ROZOS, MIKE
STREET ADDRESS	3990 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VP
NAME	SIEMS, H KENNETH
STREET ADDRESS	3990 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/06-80039-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Member Manager* **2/20/06**

Date

Daytime Phone #