


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P99000018355</b> 1. Entity Name <b>POSITIVE ENERGY, INC.</b>					
Principal Place of Business <b>13750 WEBB RD JACKSONVILLE FL 32218</b>			Mailing Address <b>13750 WEBB RD JACKSONVILLE FL 32218</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3559419</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RAULERSON, TAMMY P 13750 WEBB RD JACKSONVILLE FL 32218</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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</b> 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	PTD RAULERSON, TAMMY P 13750 WEBB RD JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000000409546 02/08/06-80103-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAULERSON, JIMMY E 13750 WEBB RD JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEASE, DEBORAH 13410 COLLEEN RD JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <u>Tammy Raulerson</u> <u>Tammy Raulerson</u> <u>01-27-06</u> <u>904-757-775</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					