## 2008 FOR PROFIT CORPORATION

## Apr 21, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P99000018355 1. Entity Name 04-21-2008 90053 045 \*\*\*150.00 POSITIVE ENERGY, INC. Principal Place of Business Mailing Address 13750 WEBB RD 13750 WEBB RD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3559419 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAULERSON, TAMMY P Street Address (P.O. Box Number is Not Acceptable) 13750 WEBB RD JACKSONVILLE FL 32218 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. (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Delete TITLE ☐ Change Addition | RAULERSON, TAMMY P MAME NAME 13750 WEBB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-7IP TITLE ۷D Delete TITLE ☐ Change ■ Addition NAME RAULERSON, JIMMY E NAME 13750 WEBB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP **X** Delete TILLE TITLE Change Addition Mark Schlierf NAME NEASE, DEBORAH NAME 13750 Webb Rd. STREET ADDRESS STREET ADDRESS 13410 COLLEAN RD Jacksonville, FL 32218 CITY-ST-7IP JACKSONVILLE FL 32218 CITY-ST-ZIP 1173.6 Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

anny Kauleison

Tammy Kaulerson V. President

Delete

Delete

904.757.7750

☐ Change

■ Addition

Addition

Daytime Phone #