

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019741

Entity Name: 3/POWERS, INC.

FILED  
Jul 10, 2008  
Secretary of State

## Current Principal Place of Business:

2083 HERITAGE OAKS COURT  
ORANGE PARK, FL 32003

## New Principal Place of Business:

3603 RIVERSIDE AVE  
APT. # 2  
JACKSONVILLE, FL 32205

## Current Mailing Address:

P.O. BOX 8421  
FLEMING ISLAND, FL 32006

## New Mailing Address:

3603 RIVERSIDE AVE  
APT. # 2  
JACKSONVILLE, FL 32205

FEI Number: 59-3561487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWERS, WALTER D  
2083 HERITAGE OAKS COURT  
ORANGE PARK, FL 32003 US

## Name and Address of New Registered Agent:

POWERS, WALTER D  
3603 RIVERSIDE AVE  
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: WALTER DAN POWERS

07/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POWERS, WALTER D  
Address: 2083 HERITAGE OAKS COURT  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete  
Name: POWERS, GERALD  
Address: 8063 RAYMOND STREET  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: POWERS, JEAN  
Address: 8063 RAYMOND STREET  
City-St-Zip: JACKSONVILLE, FL 32221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: POWERS, WALTER D  
Address: 3603 RIVERSIDE AVE. APT. # 2  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER DAN POWERS

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

Date