


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000084432</b> 1. Entity Name <b>POWERS FINANCIAL &amp; ASSOCIATES, INC.</b>	
--	---

Principal Place of Business <b>12478 S. HYACINTH PT FLORAL CITY, FL 34436</b>	Mailing Address <b>12478 S. HYACINTH PT FLORAL CITY, FL 34436</b>
--	--



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0952385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**POWERS, DEBRA  
12478 S. HYACINTH POINT  
FLORAL CITY, FL 34436**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000255284</b> <b>03/08/05-80028-010 150.00</b>
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD POWERS, DEBRA 12478 S. HYACINTH PT. FLORAL CITY, FL 34436</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD DAVIS, CATHERINE 12478 S. HYACINTH PT. FLORAL CITY, FL 34436</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 attached sheet with an address with all other like empowered.

SIGNATURE:  **3-7-05 3526376886**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #