


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000087034	
1. Entity Name KAREN POWER TOWER AND ECONOMY REPAIR, INC.	

Principal Place of Business 437 S. BABCOCK ST. MELBOURNE, FL 32901	Mailing Address 437 S. BABCOCK ST. MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3602746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POWER, KAREN
437 S. BABCOCK ST
MELBOURNE, FL 32901**

**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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWER, KAREN A 437 S. BABCOCK ST MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWER, WM E 437 S. BABCOCK ST MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POWER, KATALIN M 437 S. BABCOCK ST. MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/04-80018-004 150.00

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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 attachment with an address, with all other like empowered.

SIGNATURE: *Karen A Power* **4/6/04 321-722-4444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR