


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 09, 2004 8:00 am  
Secretary of State

08-09-2004 90004 037 \*\*\*150.00

**DOCUMENT # S22113**  
1. Entity Name  
**CANNON POWER SYSTEMS, INC.**



Principal Place of Business  
**4301 32 ST W  
STE A-17  
BRADENTON, FL 34205 US**

Mailing Address  
**POB 20358  
BRADENTON, FL 34204 US**

**54067464**



08052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**65-0235187**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**CANNON, WILLIAM J.  
6602 PINEVIEW TERRACE  
BRADENTON, FL 34203**

**7. Name and Address of New Registered Agent**

Name **CANNON, WILLIAM J.**

Street Address (P.O. Box Number is Not Acceptable)  
**7192 STRAND CIRCLE E.**

City **BRADENTON** FL Zip Code **34203**

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 *William J. Cannon* **WILLIAM J. CANNON** **8/3/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANNON, WILLIAM J. 6602 PINE VIEW TERR. BRADENTON, FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANNON, WILLIAM F. 6602 PINEVIEW TERR BRADENTON, FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANNON, WILLIAM J. 7192 STRAND CIRCLE E. BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANNON, WILLIAM F. 7192 STRAND CIRCLE E. BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William J. Cannon* **WILLIAM J. CANNON** **8/3/04** **94-518-4657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Power Quality Specialists

Attachment  
Doc # S22113  
574067464

Cannon Power Systems Inc.  
4301 32nd. Street West  
Suite A-17  
Bradenton, Florida 34205  
Phone: (941) 794-6939

Since 1985

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

August 3, 2004

Reference: Cannon Power Systems, Inc.  
Document # S22113

Gentlemen:

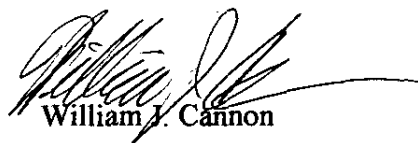
Please find enclosed the completed 2004 annual report form for Cannon Power Systems, Inc., along with a check in the amount of \$150.00.

I would like to state that to my knowledge, I did not receive a form in the mail as I had in past years for this annual report. There is a possibility that the form was sent to my office and I was never aware of it. I have been diagnosed with esophageal cancer in September of 2003, and underwent both radiation and chemo treatment for this condition during the months of October 2003, through February of 2004. During this period I was not physically able to perform my normal duties for Cannon Power Systems.

I trust that this correspondence will fulfill all outstanding requirements and no further action is required on my part at this time.

If you should have any questions, you can reach me at 941-518-4657

Sincerely,

  
William J. Cannon

Cannon Power Systems, Inc.