

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # V09500

1. Entity Name
POWERLOGICS, INC.



Principal Place of Business
**5942 FROND WAY
APOLLO BCH, FL 33572 US**

Mailing Address
**5942 FROND WAY
APOLLO BCH, FL 33572 US**



05092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3113412

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALDRICH, JENNIFER
6720 SURFSIDE BLVD
APOLLO BEACH, FL 33572**

**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 Margaret E. Troje **MARGARET E TROJE** 5/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALDRICH, JENNIFER L
STREET ADDRESS	6720 SURFSIDE BLVD.
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	S
NAME	TROJE, MARGARET
STREET ADDRESS	6343 COTTONWOOD LANE 11810 SEMINAR SPRINGS DR.
CITY-ST-ZIP	APOLLO BEACH, FL 33572 RIVERVIEW FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000563483
05/20/06-80013-002 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margaret E. Troje **MARGARET E TROJE** 5/10/06 813-645-2971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #