

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 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**



01172008 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

000000790249  
01/23/08-80027-018 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ALDRICH, JENNIFER L</b>
<b>STREET ADDRESS</b>	<b>6720 SURFSIDE BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>APOLLO BEACH, FL 33572</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>TROJE, MARGARET</b>
<b>STREET ADDRESS</b>	<b>11810 SUMMER SPRINGS DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>RIVERVIEW, FL 33569</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 Troje* **MARGARET TROJE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-17-08* *813-645-2971*

Date

Daytime Phone #