

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State



DOCUMENT # V52081

1. **Entity Name**
P WERS INVESTMENT PROPERTIES, INC.

Place of Business
1870 LAUREL ROAD
WINTER PARK FL 32789

Mailing Address
1870 LAUREL ROAD
WINTER PARK FL 32789
US

2. **Place of Business**
Apt. #, etc.

3. **Mailing Address**
Suite, Apt. #, etc.

City & State

Country Zip Country

1st MOORE CR2E034 (10/05)

4. **FEI Number** 59-3134631 ☐ **Applied For**
Not Applicable

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

6. **Name and Address of Current Registered Agent**
POWERS, HAROLD J.
1870 LAUREL ROAD
WINTER PARK FL 32789

7. **Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. **I, the above named entity, submit 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.**

SK **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	POWERS, HAROLD J.	1870 LAUREL ROAD	WINTER PARK FL 32789				

12. **I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information contained 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 changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: *Harold J. Powers* 1/20/06 407-644-1699