

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000047246

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6592976617**

**Entity Name:** POW - POW'S LOCKOUT & EMERGENCY ROADSIDE SERVICE, INC.

**Current Principal Place of Business:**

2 GEORGE CRUMP RD  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

2 GEORGE CRUMP RD  
CRAWFORDVILLE, FL 32327

**FEI Number: 27-2780543**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOWE, FRANCES C  
3042 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name POWELL, JOSEPH  
Address 2 GEORGE CRUMP RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title ST  
Name POWELL, SHELLY E  
Address 2 GEORGE CRUMP RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title V  
Name ROJAS, SCOTT  
Address 47 SPOKAN TR  
City-State-Zip: CRAWFORDVILLE FL 32327

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHELLY E POWELL**

**ST**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date