

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001529

Entity Name: POWERHOUSE FS, INC**Current Principal Place of Business:**122 LAFAYETTE AVENUE
LAUREL, MD 20707**Current Mailing Address:**812 S CROWLEY RD SUITE A
CROWLEY , TX 76036 US**FEI Number:** 52-1459252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, CEO
Name BLAKE-WARD, ROBERT
Address 122 LAFAYETTE AVENUE
City-State-Zip: LAUREL MD 20707

Title SECRETARY
Name LINDAHL, COLIN
Address 122 LAFAYETTE AVENUE
City-State-Zip: LAUREL MD 20707

Title TREASURER
Name GONZALEZ, JAMES
Address 122 LAFAYETTE AVENUE
City-State-Zip: LAUREL MD 20707

Title DIRECTOR
Name TEETER, BRENT
Address 122 LAFAYETTE AVENUE
City-State-Zip: LAUREL MD 20707

Title DIRECTOR
Name HARGRAVE, DAVID
Address 122 LAFAYETTE AVENUE
City-State-Zip: LAUREL MD 20707

Title DIRECTOR
Name MCCARTY, SUE
Address 122 LAFAYETTE AVENUE
City-State-Zip: LAUREL MD 20707

Title AUTHORIZED PERSON
Name FLETCHER, SCOTT
Address 122 LAFAYETTE AVENUE
City-State-Zip: LAUREL MD 20707

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: SCOTT FLETCHER**AUTHORIZED PERSON****03/24/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date