

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2006
Secretary of State**

DOCUMENT# 330589

Entity Name: POWELL AGENCY, INC.

Current Principal Place of Business:

110 N PARTIN DR.
P.O. BOX 310
NICEVILLE, FL 325887310

New Principal Place of Business:

Current Mailing Address:

110 N PARTIN DR.
P.O. BOX 310
NICEVILLE, FL 325887310

New Mailing Address:

FEI Number: 59-1213877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, THOMAS A
641 SAILBOAT DR
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, T A,
Address: 641 SAILBOAT DR
City-St-Zip: NICEVILLE, FL

Title: D () Delete
Name: POWELL, MARGARET L,
Address: 620 NELSON PT RD
City-St-Zip: NICEVILLE, FL

Title: D () Delete
Name: POWELL, THOMAS J JR,
Address: 620 NELSON PT RD
City-St-Zip: NICEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POWELL, T A,
Address: 641 SAILBOAT DR
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change () Addition
Name: POWELL, THOMAS J JR,
Address: 620 NELSON PT RD
City-St-Zip: NICEVILLE, FL 32578

Title: ST (X) Change () Addition
Name: POWELL, ANITA L,
Address: 641 SAILBOAT DR
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: T A POWELL

PD

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date