

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 03, 2008  
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:**

110 N PARTIN DR.  
NICEVILLE, FL 325887310

**Current Mailing Address:**

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

**New Mailing Address:**

110 N PARTIN DR.  
NICEVILLE, FL 325887310

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 32578

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS ANTHONY POWELL

PD

01/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date