

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90661 044 ***150.00

DOCUMENT # 818481
 1. Entity Name
W.S. NEWELL INCORPORATED



Principal Place of Business Mailing Address
 P.O. BOX 241327 P.O. BOX 241327
 MONTGOMERY, AL 36124 MONTGOMERY, AL 36124

66414881



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
63-0453037 Not Applicable

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

6. Name and Address of Current Registered Agent
BACON, EARL
1802 W. PLAZA DR.
EASTWOOD OFFICE PLAZA
TALLAHASSEE, FL 32302

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	NEWELL, W S
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	VP
NAME	SAM NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	VP
NAME	KEITH NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	S
NAME	NEWELL, SADIE P
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	VD
NAME	NEWELL, D K
STREET ADDRESS	US 80 E
CITY - ST - ZIP	MONTGOMERY, AL
TITLE	AS
NAME	DERICKSON, T M
STREET ADDRESS	US 80 E
CITY - ST - ZIP	MONTGOMERY, AL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.S. Newell - W.S. Newell 4-21-04 334 215-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #