

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90015 048 \*\*\*150.00

**DOCUMENT # P05000044932**

1. Entity Name

W. SCOTT POWELL, P.A.



Principal Place of Business

399 CAROLINA AVE  
WINTER PARK FL 32789

Mailing Address

399 CAROLINA AVE  
WINTER PARK FL 32789

2. Principal Place of Business

399 Carolina Ave  
Suite 200

3. Mailing Address

PO Box 8900

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32790

Country

USA

4. FEI Number

20-3333806

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

POWELL, W SCOTT ESQ  
399 CAROLINA AVE, Suite 200  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME POWELL, W SCOTT  
STREET ADDRESS 399 CAROLINA AVE, Suite 200  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 407-647-5551  
Date Daytime Phone #