
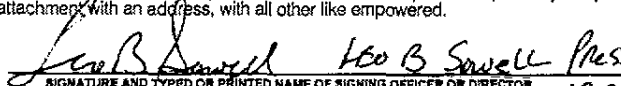


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # 167501		
1. Entity Name L. B. SOWELL CORP.		
Principal Place of Business 1016 HOLLYBERRY CT BRANDON, FL 33511 US	Mailing Address 1016 HOLLYBERRY CT BRANDON, FL 33511 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HILL, LEWIS H. III 100 NORTH TAMPA ST. SUITE 200 TAMPA, FL 33601		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SOWELL, LEO B. 1016 HOLY BERRY DRIVE BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HILL, LEWIS H. III 100 NORTH TAMPA ST., STE 2700 TAMPA, FL 33601	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HANNA, EDWARD M. 6508 E. FOWLER AVE. TAMPA, FL 33617	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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:  Leo B Sowell Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0671328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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02/21/06-80057-025 150.00

**DO NOT WRITE
IN THIS SPACE**

2-8-2006 813-657-6053
Date Daytime Phone #

1813-657-6053