


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90027 018 ***150.00

DOCUMENT # 175937 1. Entity Name SOWELL AVIATION COMPANY, INC.					
Principal Place of Business 3469 AIRPORT DR. PANAMA CITY, FL 32402			Mailing Address 3469 AIRPORT DR. P.O. BOX 1490 PANAMA CITY, FL 32402		
2. Principal Place of Business 3469 Airport Dr.		3. Mailing Address P.O. Box 1490			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Panama City, FL		City & State Panama City, FL			
Zip 32405		Zip 32402			
4. FEI Number 59-0707329				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SOWELL, J. DONALD 501 CHERRY ST. PANAMA CITY, FL 32405			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PRESTON, DIANNE S 5 ADAMS PARK CT COLUMBUS, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3015 Southern Court	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete SOWELL, DEBORAH K 437 MACARTHUR AVE. PANAMA CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete SOWELL, J. DONALD 3045 W. 30TH CT. PANAMA CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Cherry Street	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <input type="checkbox"/> Delete SOWELL, NADINE M 501 CHERRY ST. PANAMA CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HENSEL, RONALD A 1257 CAPRI DRIVE PANAMA CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1509 Tyndall Dr.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Dianne S. Preston - V Pres.</u> 01/18/06 850.785.4325 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Dianne S. Preston