

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 330589

Entity Name: POWELL AGENCY, INC.

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

110 PARTIN DR N  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 310  
NICEVILLE, FL 32588

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: POWELL, T A  
Address: 641 SAILBOAT DR  
City-St-Zip: NICEVILLE, FL 32578

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS ANTHONY POWELL

PD

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date