

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 568652**

1. Entity Name  
**POWELL BROTHERS OF JACKSONVILLE NO. 1, INC.**



Principal Place of Business <b>219 NEWNAN STREET          PO BOX 41490          JACKSONVILLE, FL 32202</b>	Mailing Address <b>219 NEWNAN STREET          PO BOX 41490          JACKSONVILLE, FL 32202</b>
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1812069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**POWELL, THOMAS S.  
 219 NEWNAN STREET  
 JACKSONVILLE, FL 32202**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST POWELL, THOMAS S. 219 NEWNAN STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000353257  
 05/03/05-80061-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Thomas S. Powell 4-29-05 9043533181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #