


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 818481</b> 1. Entity Name W.S. NEWELL INCORPORATED	
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Principal Place of Business P.O.BOX 241327 MONTGOMERY, AL 36124	Mailing Address P.O.BOX 241327 MONTGOMERY, AL 36124
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0453037	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BACON, EARL  
1602 W. PLAZA DR.  
EASTWOOD OFFICE PLAZA  
TALLAHASSEE, FL 32302

**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 \_\_\_\_\_  
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 \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWELL, W S 10480 HIGHWAY 80 EAST MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAM NEWELL 10480 HIGHWAY 80 EAST MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEITH NEWELL 10480 HIGHWAY 80 EAST MONTGOMERY, AL 36177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWELL, SADIE P 10480 HIGHWAY 80 EAST MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWELL, D K US 80 E MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DERICKSON, T M US 80 E MONTGOMERY, AL

U00000382412  
01/12/06-80010-007 150.00

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IN THIS SPACE**

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:** *William S. Newell* **1-5-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #