

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16274

FILED
Apr 25, 2005
Secretary of State

Entity Name: MOWELL FINANCIAL GROUP, INC.

Current Principal Place of Business:

407 E 6TH AVE
PO BOX 3962/32315
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

407 E 6TH AVE
PO BOX 3962/32315
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2087774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWELL, JOHN B
407 E 6TH AVE
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MOWELL, JOHN,
Address: 814 LIVE OAK PLNTN. RD.
City-St-Zip: TALLAHASSEE, FL

Title: V () Delete
Name: MONSON, CARL G
Address: 2868 FITZPATRICK DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: V () Delete
Name: MOWELL, BYARD J JR
Address: 2100 SOUTH OCEAN DRIVE 3-B
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P () Delete
Name: HUNTER, TODD C
Address: 117 MEADOW WOOD CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: ST (X) Delete
Name: RITCHEY, KIMBERLY A
Address: 4157 TRALEE RD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SCOTT, CAROLINE M
Address: 1072 KINGDOM DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLINE M. SCOTT

ST

04/25/2005

Electronic Signature of Signing Officer or Director

Date