

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21982

FILED
May 13, 2009
Secretary of State

Entity Name: POWERS DESIGN POWERS DENNISON BUSEY & MORGAN, INC.

Current Principal Place of Business:

50 A1A NORTH
SUITE 101
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

50 A1A NORTH
SUITE 101
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

7807 BAYMEADOWS ROAD EAST
SUITE 303
JACKSONVILLE, FL 32256 US

New Mailing Address:

P.O. BOX 1999
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 59-2083145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREWER, AMY M
50 A1A NORTH
SUITE 101
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

POWERS, JOHN M
3817 WAHOO DRIVE
ST. AUGUSTINE, FL 32084 US

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: JOHN POWERS

05/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POWERS, JOHN M
Address: 50 A1A NORTH SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SVP () Delete
Name: DENNISON, MIKE
Address: 50 A1A NORTH SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP () Delete
Name: MORGAN, THOMAS
Address: 50 A1A NORTH SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP (X) Delete
Name: BREWER, AMY M
Address: 50 A1A NORTH SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POWERS, JOHN M
Address: 3817 WAHOO DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: AVP (X) Change () Addition
Name: POWERS, WARREN W III
Address: 4622 MARTINGALE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN POWERS

PRES

05/13/2009

Electronic Signature of Signing Officer or Director

Date