

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 011 ***150.00

DOCUMENT # F45665

1. Entity Name
SOUTHWELL, INC.



Principal Place of Business

**118 N. 19TH STREET
PALATKA, FL 32177-3118**

Mailing Address

**118 N. 19TH STREET
PALATKA, FL 32177-3118**



09052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2139701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, ELIZABETH
109 PINECREST CT.
SAN MATEO, FL 32187**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD ADAMS, ELIZABETH C 109 PINECREST COURT SAN MATEO, FL 32187 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ADAMS, STEVEN R 109 PINECREST COURT SAN MATEO, FL 32187 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
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:

Elizabeth C Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-07 3863289261
Date Daytime Phone #