


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F57254 1. Entity Name STANLEY B. POWELL, P.A.	
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Principal Place of Business 107 N. PARTIN DRIVE P. O. BOX 400 NICEVILLE, FL 32588-400 US	Mailing Address 107 N. PARTIN DRIVE P. O. BOX 400 NICEVILLE, FL 32588-400 US
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DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2149285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, STANLEY B.
107 N. PARTIN DRIVE
NICEVILLE, FL 32578

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


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	DP POWELL, STANLEY B. 107 N. PARTIN DRIVE NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWANICK, DAVID R 107 N PARTIN DR NICEVILLE, FL 32578
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03/26/04-80015-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3-18-04 850 678-2118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #