

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F57254**

1. Entity Name  
**STANLEY B. POWELL, P.A.**



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



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2149285** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
 NAME POWELL, STANLEY B.  
 STREET ADDRESS 107 N. PARTIN DRIVE  
 CITY-ST-ZIP NICEVILLE, FL

TITLE ST  
 NAME SWANICK, DAVID R  
 STREET ADDRESS 107 N PARTIN DR  
 CITY-ST-ZIP NICEVILLE, FL 32578

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 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/05** **(850) 678-2118**  
Date Daytime Phone #