

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F59132

1. Entity Name

ED POWELL REALTY, INC.



Principal Place of Business

225 N. SECOND STREET
P.O. BOX 1321
PALATKA FL 32178

Mailing Address

225 N. SECOND STREET
P.O. BOX 1321
PALATKA FL 32178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2148246

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, EDWARD T.
225 N. SECOND ST.
P.O. BOX 1321
PALATKA FL 32178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME POWELL, EDWARD T
STREET ADDRESS 225 NORTH 2ND STREET
CITY-ST-ZIP PALATKA FL

TITLE S ☐ Delete
NAME POWELL, EDWARD T
STREET ADDRESS 225 NORTH 2ND STREET
CITY-ST-ZIP PALATKA FL 32178

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edward T. Powell EDWARD T. POWELL, PRESIDENT 1-17-06 386 972-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #