

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68188

FILED  
Mar 27, 2006  
Secretary of State

Entity Name: POWELL PROPERTIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

219 NEWNAN STREET  
P.O. BOX 41490  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

219 N NEWNAN STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

219 NEWNAN STREET  
P.O. BOX 41490  
JACKSONVILLE, FL 32202

**New Mailing Address:**

219 N NEWNAN STREET  
JACKSONVILLE, FL 32202

FEI Number: 59-2163651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL, WILLIAM E.  
219 NEWNAN STREET  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

POWELL, WILLIAM E.  
219 N NEWNAN STREET  
JACKSONVILLE, FL 32202 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/27/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: POWELL, WILLIAM E,  
Address: 219 NEWNAN STREET  
City-St-Zip: JACKSONVILLE, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: POWELL, WILLIAM E,  
Address: 219 N NEWNAN STREET  
City-St-Zip: JACKSONVILLE,, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM E. POWELL

Electronic Signature of Signing Officer or Director

D/P

03/27/2006

Date