## 2006 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				Jan 31, 2006 08:00 A			
DOCUMENT # G30945					Sec	cretary o	of State
Entity Name     POWELL FARMS, INC.					•		
Principal Place of		Mailing Address	•				
422 N. MAIN ST. P.O. BOX 277		422 N. MAIN ST. P.O. BOX 277		1			
CRESTVIEW, FL	32536	CRESTVIEW, FL 32536					
DO NOT WRITE IN THIS SPA							
			CE	01182006	No Chg-P	CR2E034 (11/0	
			<b>~</b>	4. FEI Numb 59-237			Applied For Not Applicable
				5. Certificate	e of Status Desired	☐ \$8.75 Fee Requ	Additional ulred
6		<u></u>					
POWELL, GILLIS E., JR. 422 NORTH MAIN STREET CRESTVIEW, FL 32536			<u> </u>	חח	NOT W	RITE	
			DO NOT WRITE IN THIS SPACE				
				IIV	inio or	ACE	
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	ed Agent signature require	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution			+•	.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS	1	<del></del>			····
NAME PC	O OWELL, GILLIS E., JR.						
]	22 NORTH MAIN STREET		1		11/16/1/1/1	0408727	
TITLE VE	RESTVIEW, FL 32536		1		02/08/06	-80071-001	150.00
)	OWELL, GILLIS E., SR. 22 NORTH MAIN STREET		1				
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l I	22 NORTH MAIN STREET RESTVIEW, FL 32536						
III G			1				
NAME STREET ADDRESS							
CITY-ST-ZIP			1				

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 prepowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

TITLE NAME STREET ADDRESS

SUSTRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR