

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30945

FILED  
Feb 18, 2010  
Secretary of State

Entity Name: POWELL FARMS, INC.

**Current Principal Place of Business:**

422 N. MAIN ST.  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

422 N. MAIN ST.  
P.O. BOX 277  
CRESTVIEW, FL 32536

**New Mailing Address:**

FEI Number: 59-2379415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POWELL, GILLIS E., JR.  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536      US

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: POWELL, GILLIS E., JR.  
Address: 422 NORTH MAIN STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: VD  
Name: POWELL, GILLIS E., SR.  
Address: 422 NORTH MAIN STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: VD  
Name: POWELL, DIXIE DAN  
Address: 422 NORTH MAIN STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: STD  
Name: POWELL, DIXIE DAN  
Address: 422 NORTH MAIN STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: VD  
Name: POWELL, AVA S  
Address: 422 N. MAIN ST.  
City-St-Zip: CRESTVIEW, FL 32536

I hereby 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 all other like empowered.

SIGNATURE: DIXIE D. POWELL

VD

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date