


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90568 038 ***150.00

DOCUMENT # J02414	
1. Entity Name POWERS & WOOTEN, INC.	

Principal Place of Business 13110 N DALE MABRY HWY TAMPA, FL 33618 US	Mailing Address 13110 N DALE MABRY HWY TAMPA, FL 33618-406 US
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20036463



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2649863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POWERS, JOANNE 4406 ENDICOTT PLACE TAMPA, FL 33624
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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 _____

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, JOANNE F. 4406 ENDICOTT PLACE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WOOTEN, CATHY A. 14121 TROUVILLE DR TAMPA, FL 33624 <i>5124 Appaloosa Hills Dr. Dade, City FL 33523</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAGBY, HEATHER B 14802 SAINT IVES PT. TAMPA, FL <i>14208 Ashburn Pl. TAMPA, FLORIDA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Joanne Powers* **2/19/05** *813-91*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #