

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90075 006 ***150.00

DOCUMENT # J19950.	
1. Entity Name POWELL PAINTING CO. INC.	



Principal Place of Business 9721 FOWLER AVE PENSACOLA, FL 32534	Mailing Address 9721 FOWLER AVE PENSACOLA, FL 32534
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50015245



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2708986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POWELL, CLIFTON W 9721 FOWLER AVE PENSACOLA, FL 32534		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input checked="" type="checkbox"/> Delete		TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, CLIFTON WAYNE			NAME	POWELL, CLIFTON WAYNE		
STREET ADDRESS	2601 HWY 297-A			STREET ADDRESS	10026 Huntsman Path		
CITY-ST-ZIP	CANTONMENT, FL			CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	DVS	<input checked="" type="checkbox"/> Delete		TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, MYRTISE EULENE			NAME	POWELL, MYRTISE EULENE		
STREET ADDRESS	2601 HWY 297-A			STREET ADDRESS	10026 Huntsman Path		
CITY-ST-ZIP	CANTONMENT, FL			CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Clifton W. Powell Clifton W. Powell 850 478-3531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #