## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J26204

FILED Apr 15, 2006 Secretary of State

Entity Name: POWELL'S CUSTOM METAL FABRICATIONS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2900 CANAL STREET JACKSONVILLE, FL 32209 LIS **Current Mailing Address: New Mailing Address:** 2900 CANAL STREET JACKSONVILLE, FL 32209 US FEI Number: 59-2690832 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POWELL, SALLY D 2900 CANAL STREET JACKSONVILLE, FL 32209 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition POWELL, EDWARD R SR POWELL, EDWARD R SR Name: Name: PO BOX 1805 10729 LONG COVE COURT Address: Address: JACKSONVILLE, FL 32222 City-St-Zip: BANNER ELK, NC 28604 City-St-Zip: Title: DΡ Title: DP (X) Change ( ) Addition () Delete POWELL, SALLY D., Name: Name: POWELL, SALLY D., 10901 BURNT MILL ROAD #2601 10729 LONG COVE COURT Address: Address: JACKSONVILLE, FL 32222 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition BROWN, BILLIE JO Name: Name: 1547 GRADUATION LANE Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip:

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: SALLY POWELL DP 04/15/2006