

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56542

Entity Name: F.M. POWELL, INC.

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

557 WEST 17TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

2324 BROADWAY AVENUE
JACKSONVILLE, FL 32209 DV

Current Mailing Address:

557 WEST 17TH STREET
JACKSONVILLE, FL 32206

New Mailing Address:

P O BOX 41042
JACKSONVILLE, FL 32203 DV

FEI Number: 59-2770703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWELL, FRANK M., III
557 WEST 17TH STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

POWELL, FRANK M PD
557 WEST 17TH STREET
JACKSONVILLE, FL 32206 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: FRANK M POWELL, III

05/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, FRANK M., III
Address: 557 WEST 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32206 DV

Title: S () Delete
Name: WOLFE, HENRIETTA
Address: 8480 BANDERA CIR W
City-St-Zip: JACKSONVILLE, FL 32244 DV

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POWELL, FRANK M PD
Address: 557 WEST 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32206 DV

Title: S (X) Change () Addition
Name: WOLFE, HENRIETTA S
Address: 8480 BANDERA CIR W
City-St-Zip: JACKSONVILLE, FL 32244 DV

Title: S () Change (X) Addition
Name: WOODS, JACQUELYN J S
Address: 7056 QUEEN OF HEARTS COURT
City-St-Zip: JACKSONVILLE, FL 32210 DV

I hereby certify that the information supplied with this filing does not qualify 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: FRANK M. POWELL, III

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date