

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51687

FILED
Jan 09, 2004
Secretary of State

Entity Name: MICHAEL E. POWELL, GENERAL CONTRACTOR, INC.

Current Principal Place of Business:

% MICHAEL E. POWELL
1019 SE 5TH TERR
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

% MICHAEL E. POWELL
1019 SE 5TH TERR
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0094916 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POWELL, MICHAEL E.
1019 SE 5TH TERR
CAPE CORAL, FL 33990 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: D () Delete
Name: POWELL, MICHAEL E.,
Address: 1019 SE 5TH TERR
City-St-Zip: CAPE CORAL, FL

Title: D () Delete
Name: MAYEAUX-POWELL CHERY, L
Address: 1019 SE 5TH TERR
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL E. POWELL

PRES

01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date