


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90091 004 \*\*\*150.00

<b>DOCUMENT # K51687</b> 1. Entity Name <b>MICHAEL E. POWELL, GENERAL CONTRACTOR, INC.</b>	
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Principal Place of Business <b>855 NW 2ND ST CAPE CORAL, FL 33993</b>	Mailing Address <b>855 NW 2ND ST CAPE CORAL, FL 33993</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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Country	Country
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01072008    Chg-P    CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>POWELL, MICHAEL E. 855 NW 2ND ST CAPE CORAL, FL 33993</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City
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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: <u>Michael E Powell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>1/9/08</u>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWELL, MICHAEL E.</b> <del>1010 GE 5TH TERR</del> <b>CAPE CORAL, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>855 NW 2ND STREET</b> <b>CAPE CORAL FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>MAYEAUX-POWELL CHERYL</del> <del>1010 GE 5TH TERR</del> <b>CAPE CORAL, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>POWELL, CHERYL M.</b> <b>855 NW 2ND STREET</b> <b>CAPE CORAL FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michael E Powell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/9/08</u> Daytime Phone #: <u>239.574.6782</u>