

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97886

FILED
Feb 13, 2006
Secretary of State

Entity Name: WILLIAM E. POWERS, JR., P.A.

Current Principal Place of Business:

1669 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

906 N.MONROE
TALLAHASSEE, FL 32303 US

Current Mailing Address:

%WILLIAM E. POWERS JR ESQ
P.O. BOX 12186
TALLAHASSEE, FL 323172186 US

New Mailing Address:

%WILLIAM E. POWERS JR ESQ
3814 LONGFORD DR.
TALLAHASSEE, FL 32309 US

FEI Number: 59-2954412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, WILLIAM E JR ESQ
1669 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

POWERS, WILLIAM E JR ESQ
3814 LONGFORD DR
TALLAHASSEE, FL 32309 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:

02/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWERS, WILLIAM E JR,
Address: 1669 MAHAN CENTER BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: POWERS, KAREN
Address: 3814 LONGFORD DR.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POWERS, WILLIAM E JR,
Address: 3814 LONGFORD
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change () Addition
Name: POWERS, KAREN
Address: 3814 LONGFORD DR.
City-St-Zip: TALLAHASSEE, FL 32309

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: WILLIAM E POWERS JR

PRES

02/13/2006

Electronic Signature of Signing Officer or Director

Date