## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000053531** 1. Entity Name



POWELL REAL ESTATE SERVICES, INC.

Principal Place of Business

**308 TEQUESTA DRIVE** 

SUITE 5 JUPITER, FL 33469

Malling Address

**308 TEQUESTA DRIVE** 

NIPITER, FL 33469

## **FILED** May 02, 2005 8:00 am Secretary of State

05-02-2005 90448 029 \*\*\*150.00



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				01192005	No Chg-P	CR2E034 (10/0	03)
D	O NOT WRITE	N THIS SPAC	CE	4. FEI Number			Applied For
				65-11092	<del> </del>	- \$8.75	Not Applicable  Additional
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Certificate of	Status Desired	Fee Req	
6. Name and Address of Current Registered Agent						44	عدد تحجم
POWELL, ROBERT E			DO NOT WRITE				
6230 WOODŁAKE RD. JUPITER, FL 33458			IN THIS SPACE				
				IN II	412 2K	AUE	
							·
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_	Signature, typed or printed name of registered agent and to	tia il applicable. (NOTE: Flegisterei	Agent signature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	OATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		00 May Be ad to Fees			
10.	OFFICERS AND DIF	ECTORS	** X	3000 · ·	<del></del>	The second second	
TITLE NAME	POWELL, ROBERT E	(					
STREET ADORESS	esserves on 19116	SE Old Trail Dr W					
CITY-ST-ZIP	JUPITER, PL 33458 JUPITE	er, FL 33478					
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GIVET MOUNTED				and .		St. Comments	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR