2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 25, 2005 08:00 AM DOCUMENT # P02000019576 **Secretary of State** 1. Entity Name SIDNEY M. NOWELL, P.A. Principal Place of Business Mailing Address PO BOX 819 PO BOX 819 BUNNELL, FL 32110 BUNNELL, FL 32110 04182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0401833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOWELL, SIDNEY M DO NOT WRITE 153 LONDON DR PALM COAST, FL 32137 IN THIS SPACE 5. 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. NOWELL, SIDNEY NAME STREET ADDRESS PO BOX 819 BUNNELL, FL 32110 CITY-ST-ZIP TITLE U00000326978 04/25/05-80018-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NASAE. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 to 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 live empowered. **SIGNATURE:** Davtime Phone (