


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000019576 1. Entity Name SIDNEY M. NOWELL, P.A.	
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Principal Place of Business PO BOX 819 BUNNELL, FL 32110	Mailing Address PO BOX 819 BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0401833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOWELL, SIDNEY M
153 LONDON DR
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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 *Sidney M. Nowell* 8/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOWELL, SIDNEY PO BOX 819 BUNNELL, FL 32110
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08/24/06-80005-005 150.00

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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: *Sidney M. Nowell* 8/18/06 386-437-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #